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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
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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

January 18, 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 enter into **Sole Source** amendments to existing contracts with the Contractors listed below for additional programs support for the Regional Public Health Network (RPHN), by increasing the total price limitation by $1,679,347 from $11,080,625 to $12,759,972 with no change to the contract completion dates of June 30, 2024, effective upon Governor and Council approval. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Nashua	177441	Greater Nashua	$1,031,630	$158,574	$1,190,204	O: 7/12/22 (Item # 10)
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816	$502,484	$2,955,300	O: 6/29/22 (Item #41)
Greater Seacoast Community Health	154703	Stafford County	$864,998	$123,187	$988,185	O: 6/29/22 (Item #41)
Lamprey Health Care, Inc.	177677	Seacoast	$860,672	$132,151	$992,823	O: 6/29/22 (Item #41)
Manchester Health Department	177433	Greater Manchester	$1,087,275	$59,005	$1,146,280	O: 7/12/22 (Item # 10)
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542	$194,962	$1,736,504	O: 6/29/22 (Item #41)
Mid-State Health Center	158055	Central NH	$817,436	$145,471	$962,907	O: 6/29/22 (Item #41)

North Country Health Consortium	158557	North Country	$768,078	$106,547	$874,625	O: 6/29/22 (Item #41)
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674	$90,530	$920,204	O: 6/29/22 (Item #41)
The Cheshire Medical Center	155405	Greater Monadnock	$826,504	$166,436	$992,940	O: 6/29/22 (Item #41)
		Total:	$11,080,625	$1,679,347	$12,759,972	

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

This request is **Sole Source** because the Department is increasing the price limitation by more than 10% of the original contract. This contract is sole source because these are the only agencies providing regional public health services statewide and work closely with the Department to build equitable systems of care. Additional funds are needed to support Community Health Workers for Regional Public Health Networks to provide increased resource navigation services to individuals and families.

The purpose of this request is to provide additional funding for Public Health Emergency Preparedness and regional Community Health Workers. The Contractors will expand these two programs by focusing on increasing the current outreach services to connect communities and families to mental health, health care, substance use disorder, financial and budgeting supports, food and nutritional programs, COVID-19 testing, vaccination/immunization, and resource identification.

The ten (10) Contractors oversee 13 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social services agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communicates, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The additional funding will support the following programs:

- The Community Health Worker (CHW) program provides resource navigation services through CHWs, such as case management, referrals and connections to community services to address individual and family needs related to food security, mental health supports, substance use disorders, educational supports/services,

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financial literacy, and health care referrals. It supports culturally and linguistically appropriate services, as well as referrals to COVID-19 testing and vaccinations. The additional funds added to this program will allow CHWs to reach out to more individuals and families than they have been able to serve in the past

- The Public Health Emergency Preparedness program that leads coordinated efforts with regional public health organizations, health care, and emergency management partners to develop and exercise response plans to improve the region's ability to response.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Monitoring operation readiness, response rates during notification and assembly drills, and request for deployment met during emergencies.
- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery support and services.

Should the Governor and Executive Council not authorize this request, the Community Health Workers will not be able to help as many individuals and families get connected to the resources and health they require.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Bduget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000
			SUB TOTAL	**$390,000**	**$0**	**$390,000**

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **7/1/2022**

CFDA #93.069 FAIN #U90TP922018

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$135,852	$2,526	$138,378
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876	$16,252	$68,128
			Sub Total 2023	$187,728	$18,778	$206,506
2024	102-500731	Contracts for Prog Svs	90077410	$135,852	$0	$135,852
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,876	$0	$51,876
			Sub Total 2024	$187,728	$0	$187,728
			Sub Total	$375,456	$18,778	$394,234

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$33,290	$12,659	$45,949
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$3,918	$55,793
			Sub Total 2023	$85,165	$16,577	$101,742
2024	102-500731	Contracts for Prog Svs	90077410	$33,290	$0	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$85,165	$0	$85,165
			Sub Total	$170,330	$16,577	$186,907

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$52,537	$0	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2023	$104,412	$0	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537	$0	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$104,412	$0	$104,412
			Sub Total	$208,824	$0	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$47,743	$1,692	$49,435
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$3,952	$55,827
			Sub Total 2023	$99,618	$5,644	$105,262
2024	102-500731	Contracts for Prog Svs	90077410	$47,743	$0	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$99,618	$0	$99,618
			Sub Total	$199,236	$5,644	$204,880

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$45,925	$37,675	$83,600
2024	102-500731	Contracts for Prog Svs	90077410	$45,925	$0	$45,925
			Sub Total	$91,850	$37,675	$129,525

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$44,729	$0	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$9,588	$61,463
			Sub Total 2023	$96,604	$9,588	$106,192
2024	102-500731	Contracts for Prog Svs	90077410	$44,729	$0	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$96,604	$0	$96,604
			Sub Total	$193,208	$9,588	$202,796

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$50,374	$0	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$4,257	$56,132
			Sub Total 2023	$102,249	$4,257	$106,506
2024	102-500731	Contracts for Prog Svs	90077410	$50,374	$0	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$102,249	$0	$102,249
			Sub Total	$204,498	$4,257	$208,755

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$86,750	$0	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750	-$86,750	$0
2024	102-500731	Contracts for Prog Svs	90077410	$0	$86,750	$86,750
			Sub Total	$173,500	$0	$173,500

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$186,175	$40,611	$226,786
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876	$18,394	$70,270
			Sub Total 2023	$238,051	$59,005	$297,056
2024	102-500731	Contracts for Prog Svs	90077410	$186,175	$0	$186,175
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$238,050	$0	$238,050
			Sub Total	$476,101	$59,005	$535,106

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$67,310	$16,290	$83,600
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310	-$67,310	$0
2024	102-500731	Contracts for Prog Svs	90077410	$0	$67,310	$67,310
			Sub Total	$134,620	$16,290	$150,910

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$54,787	$28,813	$83,600
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787	-$54,787	$0
2024	102-500731	Contracts for Prog Svs	90077410	$0	$54,787	$54,787
			Sub Total	$109,574	$28,813	$138,387

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$80,631	$2,969	$83,600
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631	-$80,631	$0
2024	102-500731	Contracts for Prog Svs	90077410	$0	$80,631	$80,631
			Sub Total	$161,262	$2,969	$164,231

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Svs	90077410	$70,952	$17,598	$88,550
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952	-$70,952	$0
2024	102-500731	Contracts for Prog Svs	90077410	$0	$70,952	$70,952
			Sub Total	$141,904	$17,598	$159,502
			SUB TOTAL	**$2,640,363**	**$217,194**	**$2,857,557**

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

97% Federal Funds & 3% General Funds **Award Date:** **2/10/2022**
CFDA #93.959 FAIN #TI084659

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2023	$147,660	$0	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
			Sub-Total	$295,320	$0	$295,320
			SUB TOTAL	**$3,839,160**	**$0**	**$3,839,160**

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

100% Federal Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.268 FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000
			SUB TOTAL	**$210,000**	**$0**	**$210,000**

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021

CFDA #93.268 — FAIN #NH23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000	$0	$15,000
			Sub-Total	$30,000	$0	$30,000
			SUB TOTAL	**$120,000**	**$0**	**$120,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)
05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds **Award Date:** **TBD 7/1/2022**
CFDA #93.889 FAIN #U3REP190580

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000	$0	$10,000
			Sub-Total	$20,000	$0	$20,000
			SUB TOTAL	$260,000	$0	$260,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds **Award Date:** **3/31/2021**

CFDA #93.268 FAIN #H23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000	$0	$50,000
			Sub-Total	$100,000	$0	$100,000
			SUB TOTAL	**$1,300,000**	**$0**	**$1,300,000**

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** **5/17/2021**
CFDA #93.959 — FAIN #TI083955

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427	$0	$70,427
			Sub-Total	$140,854	$0	$140,854
			SUB TOTAL	$1,831,102	$0	$1,831,102

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 FAIN #TI83326A **Award Date:** **8/27/2020**

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Partnership for Public Health, Inc. Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Manchester Health Department Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

Mid-State Health Center Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000

North Country Health Consortium Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000	$0	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0	$0	$0
			Sub-Total	$25,000	$0	$25,000
			SUB TOTAL	$325,000	$0	$325,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 FAIN #NH95OT000031 **Award Date:** **5/27/2021**

City of Nashua Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	$108,838	$123,838
2023	102-500731	Contracts for Prog Services	90077150	$0	$30,958	$30,958
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$139,796	$154,796

The Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$164,859	$164,859
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$149,859	$164,859

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$138,187	$138,187
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$123,187	$138,187

Granite United Way - Capitol Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$164,859	$164,859
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$149,859	$164,859

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$164,859	$164,859
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$149,859	$164,859

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$164,859	$164,859
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$149,859	$164,859

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	$113,605	$128,605
2023	102-500731	Contracts for Prog Services	90577150	$0	$14,289	$14,289
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$127,894	$142,894

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$105,530	$105,530
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$90,530	$105,530

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$164,859	$164,859
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$149,859	$164,859

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$157,502	$157,502
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$142,502	$157,502

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2023	102-500731	Contracts for Prog Services	90577140	$15,000	-$15,000	$0
2023	102-500731	Contracts for Prog Services	90577150	$0	$103,949	$103,949
2024	102-500731	Contracts for Prog Services		$0	$0	$0
			Sub-Total	$15,000	$88,949	$103,949
			SUB TOTAL	**$165,000**	**$1,462,153**	**$1,627,153**

TOTAL ALL	**$11,080,625**	**$1,679,347**	**$12,759,972**

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and City of Nashua ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 12, 2022, (Item #10), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,190,204

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 93% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 7% General funds.

3. Modify Exhibit C, Payment Terms, Section 3, to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in this

fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, 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 Governor and Council approval.

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

City of Nashua

1/25/23
Date

Name: Jim Donchess
Title: Mayor

City of Nashua

1/25/2023
Date

Name: Jeni Alden
Title: notary

JENI ALDEN ST. LAURENT
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
MY COMMISSION EXPIRES AUGUST 22, 2023

State of New Hampshire
Department of Health and Human Services

1/25/2023
Date

Signed by:
Patricia M. Tilley
B46FB38F5BEDAC8...
Name: Patricia M. Tilley
Title: Director

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

OFFICE OF THE ATTORNEY GENERAL

1/26/2023
Date

DocuSigned by:
Robyn Guarino
74873484941480
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:

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

New Hampshire Department of Health and Human Services
Contractor Name: City of Nashua
Budget Request for: Regional Public Health Network
Budget Period SFY 2023
Indirect Cost Rate (if applicable) 5.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities** Community Health Worker
1. Salary & Wages	$32,275	$15,734	$118,395	$2,841	$114,603	$3,035	$7,696	$80,955
2. Fringe Benefits	$13,218	$9,801	$49,221	$1,233	$58,350	$1,278	$4,932	$36,730
3. Consultants	$1	$0	$1,201	$0	$1,201	$7,200	$0	$20,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$1	$0	$2,501	$0	$0	$0	$0	
5.(a) Supplies - Educational	$100	$50	$200	$100	$301	$350	$500	$500
5.(b) Supplies - Lab	$1	$0		$0	$0	$0	$0	
5.(c) Supplies - Pharmacy (Medicine & Vaccine)	$1	$0	$2,550	$0	$1	$0	$1	
5.(d) Supplies - Medical	$1	$0	$7,250	$800	$2	$300	$0	
5.(e) Supplies Office	$1	$100	$534	$150	$500	$200	$300	$340
6. Travel	$300	$236	$500	$300	$800	$250	$0	$500
7. Software	$0	$150	$1,020	$150	$1	$143	$0	
8. (a) Other - Marketing/Communications	$1,200	$300	$4,400	$0	$4,500	$3,500	$500	$18,180
8. (b) Other - Education and Training	$0	$0	$1,950	$250	$301	$500	$0	$6,265
8. (c) Other - Other (specify below)								
Other (Printing)	$350	$200	$1,300	$0	$950	$1,300	$100	$1,735
Other (Cell Phone Reimbursement)	$1	$800	$900	$2,500	$1,000	$300	$0	$1,200
Other (Subscriptions)	$1	$900	$2,350	$0	$1,050	$450	$0	
Other (Postage)			$100		$56		$257	
Other (ECHO Regional Partner Engagement)						$5,000		
Other (Bi-annual Meeting)		$500	$300					
Other (Incentives)								$1,000
Other - (Regional Training/Drill)	$170		$2,000					
Other - (Regional MRC/CERT Training & Training Supplies)				$1,200				
9. Subrecipient Contracts	$0	$0	$0	$0	$0	$0	$0	$0
Total Direct Costs	$47,619	$28,571	$198,672	$9,524	$193,416	$23,810	$14,286	$147,425
Total Indirect Costs	$2,381	$1,429	$9,834	$476	$9,671	$1,190	$714	$7,371
Subtotals	$50,000	$30,000	$208,506	$10,000	$203,087	$25,000	$15,000	$154,796
							TOTAL	$494,389

Contractor Initials
Date 1/25/23

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

R-23-083

RESOLUTION

RELATIVE TO THE ACCEPTANCE OF GRANT FUNDS PURSUANT TO CONTRACT AMENDMENT #1 IN THE AMOUNT OF $158,574 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO VARIOUS PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITIES.

CITY OF NASHUA

In the Year Two Thousand and Twenty-Three

***RESOLVED** by the Board of Aldermen of the City of Nashua* that the City of Nashua and the Division of Public Health and Community Services are authorized to accept grant funds pursuant to Contract Amendment #1 in the amount of $158,574 from the State of New Hampshire Department of Health and Human Services into the following Public Health and Community Services Grant Activities for the purpose of supporting staffing capacity and operations to deliver a broad range of public health services in the Greater Nashua Public Health Region.

Activity	Approved Contract FY2023	Contract Amendment #1	Revised Contract FY2023	FY2024	Total Contract as Amended
Emergency Preparedness	187,728	18,778	206,506	187,728	394,234
Substance Misuse Prevention	92,862		92,862	92,862	185,724
Strategic Planning Prevention	70,427		70,427	70,427	140,854
COVID Response	50,000		50,000	50,000	100,000
Continuum of Care Facilitation	39,798		39,798	39,798	79,596
Public Health Advisory Council	30,000		30,000	30,000	60,000
School Based Vaccination Clinics	15,000		15,000	15,000	30,000
Overdose Prevention	25,000		25,000	-	25,000
Hospital Preparedness	10,000		10,000	10,000	20,000
COVID Health Disparities	15,000	139,796	154,796	-	154,796
Total:	$ 535,815	$ 158,574	$ 694,389	$495,815	$ 1,190,204

This funding will remain in effect through June 30, 2024.

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LEGISLATIVE YEAR 2023

RESOLUTION: R-23-083

PURPOSE: Relative to the acceptance of grant funds pursuant to Contract Amendment #1 in the amount of $158,574 from the State of New Hampshire Department of Health and Human Services into various Public Health and Community Services Grant Activities

SPONSOR(S): Mayor Jim Donchess

COMMITTEE ASSIGNMENT: Human Affairs Committee

FISCAL NOTE: The fiscal impact is an additional amount of $158,574 of grants to be used for a specific purpose.

ANALYSIS

This resolution authorizes the City to accept $158,574 of additional grant funds from the State of New Hampshire Department of Health and Human Services for the purpose of providing regional public health network services in the Greater Nashua Public Health Region. This amendment will increase the total amount of the original contract of $1,031,630 previously approved via Resolution R-22-037 to a new total contract amount of $1,190,204. This funding shall be in effect through June 30, 2024.

Approved as to account structure, numbers, and amount: **Financial Services Division**

By: _____

Approved as to form: **Office of Corporation Counsel**

By: Dorothy Clarke

Date: 18 January 2023

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City of Nashua
229 Main Street
Nashua, NH 03061-2019
(603) 589-3010, Option #5
CityClerkDept@NashuaNH.Gov

Office of the City Clerk

Daniel Healey
City Clerk
Roger Ordway Jr.
Deputy City Clerk

CERTIFICATION OF AUTHORITY AND VOTE

I, Daniel Healey, City Clerk of the City of Nashua, County of Hillsborough, State of New Hampshire, do hereby certify that:

1. I am the duly appointed City Clerk for the City of Nashua, NH;
2. I maintain and have custody of and am familiar with the seal and minute books of the municipality;
3. I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificate;
4. That James W. Donchess was elected Mayor, by the voters of the City of Nashua, at the Municipal Election held on November 5, 2019;
5. The attached is a true copy of City Charter Section 45 which identifies the Mayor as the chief administrative officer and head of the administrative branch of city government. As such, the mayor supervises the administrative affairs of the city, carries out the policies enacted by the Board of Aldermen, and performs those duties prescribed by resolution or ordinance of the Board of Aldermen.
6. The foregoing charter provision, approved by the voters of Nashua, is in full force and effect, unamended, as of the date hereof;
7. The attached is a true and complete copy of Resolution 23-083, "RELATIVE TO THE ACCEPTANCE OF GRANT FUNDS PURSUANT TO CONTRACT AMENDMENT #1 IN THE AMOUNT OF $158,574 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO VARIOUS PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITIES'" adopted by the Board of Aldermen of the Municipality at a meeting of that Board on January 24, 2023, which was held in accordance with the laws of the State of New Hampshire and the City Charter.
8. The foregoing Resolution R-23-083 is in full force and effect, unamended, as of the date hereof;
9. This authority remains valid for 30 days from the date of the signing of this certificate"; and
10. The following persons lawfully occupy the office(s) indicated below:

    James W. Donchess, Mayor
    Steven Bolton, Corporation Counsel
    John Griffin, Chief Financial Officer/Tax Collector/Treasurer
    Daniel Healey, City Clerk

IN WITNESS WHEREOF, I have hereunto set my hand as the City Clerk of the Municipality this 25th day of January, 2023.

Attest: Daniel Healey, City Clerk

STATE OF NEW HAMPSHIRE
COUNTY OF HILLSBOROUGH

On this 25th day of January 2023, before the undersigned officer personally appeared the person identified in the foregoing certificate, known to me, to be the City Clerk of the municipality identified in the foregoing certificate, and acknowledged that she executed the foregoing certificate.

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

ROGER C. ORDWAY JR.
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
November 6, 2024

Notary Public/Justice of the Peace

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

CERTIFICATION

I hereby certify that the attached document is a true and accurate copy of Resolution 23-083:

RELATIVE TO THE ACCEPTANCE OF GRANT FUNDS PURSUANT TO CONTRACT AMENDMENT #1 IN THE AMOUNT OF $158,574 FROM THE STATE OF NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES INTO VARIOUS PUBLIC HEALTH AND COMMUNITY SERVICES GRANT ACTIVITIES

Passed by the Board of Aldermen on January 24, 2023, and approved by the Mayor on January 25, 2023;

That the foregoing Resolution is in full force and effect, unamended, as of the date hereof.

WITNESS my hand and the seal of the said City of Nashua, New Hampshire, this 25th day of January, 2023

A true copy.
Attest:

Daniel Healey
City Clerk

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

CITYNASH3

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/07/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 12 Gill Street Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Maria Nixon PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): 781-376-5035 E-MAIL ADDRESS: Maria.Nixon@usi.com
INSURED City of Nashua Risk Management Department 229 Main Street Nashua, NH 03061	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : American Alternative Insurance Corp — 19720 INSURER B : Safety National Casualty Corp — 15105 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			N1A2RL000000516	07/01/2022	07/01/2023	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS - COMP/OP AGG	$
							RETENTION	$300,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			N1A2RL000000516	07/01/2022	07/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							RETENTION	$300,000
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			N1A2UM000000516	07/01/2022	07/01/2023	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		SP4065115	07/01/2022	07/01/2023	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000

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

RE: Grant Regional Public Health Network RFA2023-DPHS-02-REGIO

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Todd

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

Lori A. Shibinette
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

June 27, 2022

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 **Retroactive** contracts with the Contractors listed below in **bold** in an amount not to exceed $2,118,905 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, effective retroactive to July 1, 2022, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
City of Nashua	**177441**	**Greater Nashua**	**$1,031,630**
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Manchester Health Department	**177433**	**Greater Manchester**	**$1,087,275**
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Retroactive Subtotal	***$2,118,905***
		Total:	**$11,080,625**

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

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See attached fiscal details.

EXPLANATION

The request is **Retroactive** because the Department did not have the fully executed contract documents in time for Governor and Executive Council approval to prevent a lapse in services. The City of Nashua and the Manchester Health Department had to encumber the funds and receive approval from the Board of Alderman prior to the Mayor(s) executing the contract(s), which did not occur until June 22, 2022. This request includes the final two (2) contracts for Regional Public Health Network services. The Department presented the other eight (8) Regional Public Health Network contracts to the Governor and Executive Council on June 29, 2022.

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The two (2) Contractors oversee two (2) Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza, as applicable and with relevant approvals from participating schools and students/staff.

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Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.
- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37EDBEB488...

Lori A. Shibinette
Commissioner

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FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$390,000

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds — **Award Date:** TBD 7/1/2022

CFDA #93.069 — FAIN #U90TP922018

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$135,852
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2023	$187,728
2024	102-500731	Contracts for Prog Svs	90077410	$135,852
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2024	$187,728
			Sub Total	$375,456

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 155635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$186,175
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2023	$238,051
2024	102-500731	Contracts for Prog Svs	90077410	$186,175
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$238,050
			Sub Total	$476,101

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$2,640,363

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

97% Federal Funds & 3% General Funds — **Award Date:** 2/10/2022

CFDA #93.959 — FAIN #TI084659

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Lamprey Health Care, Inc. — Vendor #177877-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,839,160

05-95-90-902510-8178 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION PROGRAM

100% Federal Funds — Award Date: TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds **Award Date:** 3/29/2021
CFDA #93.268 FAIN #NH23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$120,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds **Award Date:** TBD 7/1/2022
CFDA #93.889 FAIN #U3REP190580

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$280,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — Award Date: 3/31/2021

CFDA #93.268 — FAIN #H23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,300,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — Award Date: 5/17/2021

CFDA #93.959 — FAIN #TI083955

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,831,102

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — Award Date: 8/27/2020

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$325,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — **Award Date:** 5/27/2021

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$165,000
			TOTAL ALL	$11,080,625

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New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

DocuSign Envelope ID: 0808E326-56C5-477C-A981-34B29A7B1556

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-01)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name City of Nashua		1.4 Contractor Address 18 Mulberry Street, Nashua, NH 03060	
1.5 Contractor Phone Number (603) 589-4500	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $1,031,630
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: James W. Donchess Date: 6/17/2022		1.12 Name and Title of Contractor Signatory James W. Donchess Mayor	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/21/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Takhmina Rakhmatova		On: 6/23/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials JWD
Date 6/17/2022

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.

Contractor Initials DS

Date 6/17/2022

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 omissions of the

Contractor Initials JMD

Date 6/17/2022

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.

Contractor Initials DS JWD

Date 6/17/2022

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

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Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

Contractor Initials DS

Date 6/17/2022

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Greater Nashua region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2:12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

		the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
	1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
	1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
	1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5. Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.

1.2.13.3.6. Retain a copy of all training materials on site for reference during SBCs.

1.2.13.3.7. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.13.3.8. Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.

1.2.13.3.9. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.13.3.10. Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.13.3.11. Account for every dose of vaccine.

1.2.13.3.12. Submit a monthly temperature log for the vaccine storage refrigerator.

1.2.13.3.13. Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.

1.2.13.3.14. In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort:

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

		ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).
	1.2.14.1.2.2.	Complete a technical assistance needs assessment.
	1.2.14.1.2.3.	Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.
1.2.14.1.3.	Substance Misuse Prevention Coordination and Continuum of Care Facilitation	
	1.2.14.1.3.1.	Attend community of practice meetings and/or activities.
	1.2.14.1.3.2.	Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.
	1.2.14.1.3.3.	Attend all regularly scheduled RPHN substance misuse meetings.
	1.2.14.1.3.4.	Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 89% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 11% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses 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. 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.
8. Audits
   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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
Contractor Name: *City of Nashua*
Budget Request for: *Regional Public Health Network*
Budget Period *SFY 2023*
Indirect Cost Rate (if applicable) 5.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$32,275	$15,734	$118,395	$2,841	$114,603	$3,035	$7,696	$9,672
2. Fringe Benefits	$13,216	$9,801	$49,221	$1,233	$68,350	$1,278	$4,932	$2,674
3. Consultants	$1	$0	$1	$0	$1,201	$7,200	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$1	$0	$1	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$100	$50	$100	$100	$301	$350	$500	$0
5.(b) Supplies - Lab	$1	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$1	$0	$2,550	$0	$1	$0	$1	$0
5.(d) Supplies - Medical	$1	$0	$250	$800	$2	$300	$0	$0
5.(e) Supplies Office	$1	$100	$150	$150	$500	$200	$300	$90
6. Travel	$300	$236	$200	$300	$600	$250	$0	$250
7. Software	$0	$150	$20	$150	$1	$149	$0	$0
8. (a) Other - Marketing/Communications	$1,200	$300	$3,400	$0	$4,500	$3,500	$500	$0
8. (b) Other - Education and Training	$0	$0	$450	$250	$301	$500	$0	$100
8. (c) Other - Other (specify below)								
Other (Printing)	$350	$200	$500	$0	$950	$1,300	$100	$900
Other (Cell Phone Reimbursement)	$1	$600	$600	$2,500	$1,000	$300	$0	$600
Other (Subscriptions)	$1	$900	$950	$0	$1,050	$450	$0	$0
Other (Postage)					$56		$257	$0
Other (ECHO Regional Partner Engagement)						$5,000		
Other (Bi-annual Meeting)		$500						
Other - (Regional Training/Drill)	$170		$2,000					
Other - (Regional MRC/CERT Training & Training Supplies)				$1,200				
9. Subrecipient Contracts	$0	$0	$0	$0	$0	$0	$0	$0
Total Direct Costs	$47,619	$28,571	$176,788	$9,524	$193,416	$23,810	$14,286	$14,286
Total Indirect Costs	$2,381	$1,429	$8,940	$476	$9,671	$1,190	$714	$714
Subtotals	$50,000	$30,000	$187,728	$10,000	$203,687	$25,000	$15,000	$15,000
							TOTAL	$535,815

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6/17/2022
Date

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New Hampshire Department of Health and Human Services
Contractor Name: *City of Nashua*
Budget Request for: *Regional Public Health Network*
Budget Period *SFY 2024*
Indirect Cost Rate (if applicable) 5.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$28,341	$16,692	$122,990	$4,318	$119,884	$8,165
2. Fringe Benefits	$15,597	$10,009	$49,009	$2,159	$69,484	$5,034
3. Consultants	$1	$0	$1	$0	$76	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$1	$0	$1	$0	$0	$0
5.(a) Supplies - Educational	$100	$1	$300	$100	$251	$235
5.(b) Supplies - Lab	$1	$0	$1	$0	$0	$0
5.(c) Supplies - Pharmacy	$1	$0	$1	$0	$0	$1
5.(d) Supplies - Medical	$1	$0	$250	$500	$1	$0
5.(e) Supplies Office	$250	$1	$300	$150	$350	$250
6. Travel	$350	$166	$300	$300	$600	$0
7. Software	$1	$1	$10	$150	$1	$0
8. (a) Other - Marketing/Communications	$2,000	$1	$1,200	$0	$751	$350
8. (b) Other - Education and Training	$450	$0	$450	$200	$420	$0
8. (c) Other - Other (specify below)						
Other (Printing)	$350	$100	$1,225	$100	$426	$250
Other (Cell Phone Reimbursement)	$1	$600	$600	$1,000	$1,000	$0
Other (Subscriptions)	$1	$500	$950	$1	$151	$0
Other (Postage)					$21	$1
Other (Bi-annual Meeting)		$500				
Other - (Regional Training/Drill)	$173		$1,200			
Other - (Regional MRC/CERT Training & Training Supplies)				$546		
9. Subrecipient Contracts	$0	$0	$0	$0		$0
Total Direct Costs	$47,619	$28,571	$176,788	$9,524	$193,416	$14,286
Total Indirect Costs	$2,381	$1,429	$8,940	$476	$9,671	$714
Subtotals	$50,000	$30,000	$187,728	$10,000	$203,087	$16,000

TOTAL $496,815

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6/17/2022
Date

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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

Vendor Initials DS

Date 6/17/2022

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: City of Nashua

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

6/17/2022
Date

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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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: City of Nashua

6/17/2022
Date

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

DS
JWD
Vendor Initials
6/17/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials DS

Date 6/17/2022

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: City of Nashua

6/17/2022
Date

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

DS
JWD
Contractor Initials
6/17/2022
Date

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

DocuSign Envelope ID: 0808E328-56C5-477C-A981-34B29A7B1558

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.

DS
JWD

Contractor Initials _____

Date 6/17/2022

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

DocuSign Envelope ID: 0808E326-56C5-477C-A981-34B29A7B1556

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: City of Nashua

6/17/2022
Date

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

DocuSign Envelope ID: 0808E326-56C5-477C-A981-34B29A7B1556

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: City of Nashua

6/17/2022
Date

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

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, TitleXIII, 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.

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

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:

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

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

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

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

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

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 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.

Contractor Initials JWD

Date 6/17/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	City of Nashua
The State	Name of the Contractor
Patricia M. Tilley	James W. Donchess
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	James W. Donchess
Name of Authorized Representative	Name of Authorized Representative
Director	Mayor
Title of Authorized Representative	Title of Authorized Representative
6/21/2022	6/17/2022
Date	Date

DocuSign Envelope ID: ABA8B013-8513-4DE4-B408-EA767B75C506

DocuSign Envelope ID: 0808E326-56C5-477C-A981-34B29A7B1556

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: City of Nashua

6/17/2022
Date

DocuSigned by:
James W. Donchess
Name: James W. Donchess
Title: Mayor

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: 958298218

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   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

Contractor Initials DS

Date 6/17/2022

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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



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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite United Way ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $2,955,300

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 90% Federal funds from:

      1.1.1 Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

      1.1.2 Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

      1.1.3 Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

      1.1.4 Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

      1.1.5 National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

      1.1.6 Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

      1.1.7 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 10% General funds.

3. Modify Exhibit C, Payment Terms, Section 3, to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the

fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1 Amendment #1 SFY 23 Budget – Capital Area through Exhibit C-6, SFY 24 Budget

3. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget – Capital Area, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit C-3, SFY 23 Budget by replacing it in its entirety with Exhibit C-3 Amendment #1 SFY 23 Budget – Carroll County, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C-5, SFY 23 Budget by replacing it in its entirety with Exhibit C-5 Amendment #1 SFY 23 Budget – South Central, 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 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

1/10/2023
Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

Granite United Way

1/9/2023
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

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

OFFICE OF THE ATTORNEY GENERAL

1/10/2023
Date

DocuSigned by:
Robyn Guarino
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:

DocuSign Envelope ID: E23077F8-866D-4EF5-8688-3ACCEA275B88

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way-Capital Area*
Budget Request for: *Regional Public Health Services*
Budget Period *Upon G & C approval through June 30, 2023*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$19,880	$18,509	$66,371	$3,365	$125,095	$14,732	$4,685	$63,172
2. Fringe Benefits	$5,567	$5,183	$18,582	$942	$35,027	$4,125	$1,312	$17,688
3. Consultants	$6,240	$685	$3,000	$4,160	$1,000	$500	$3,845	$4,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$100	$1,000	$0	$2,000	$0	$500	$100
5.(a) Supplies - Educational	$500	$250	$625	$100	$2,000	$0	$250	$1,000
5.(b) Supplies - Lab	$0	$0		$0	$0	$0	$0	
5.(c) Supplies - Pharmacy	$0	$0		$0	$0	$0	$0	
5.(d) Supplies - Medical	$2,769	$0	$1,000	$0	$0	$0	$1,000	$100
5.(e) Supplies Office	$1,000	$250	$1,000	$100	$2,500	$0	$500	$1,000
6. Travel	$2,000	$500	$1,000	$200	$6,000	$500	$750	$2,500
7. Software	$200	$200	$500	$0	$1,200	$0	$0	$12,000
8. (a) Other - Marketing/Communications	$500	$250	$250	$100	$974	$500	$100	$1,000
8. (b) Other - Education and Training	$500	$250	$500	$123	$3,500	$1,000	$100	$2,000
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,230	$1,005	$1,785	$0	$4,420	$0	$540	$1,200
Other (Occupacy)	$0	$0		$0	$0	$0	$0	
Other (please specify)	$0	$0		$0	$0	$0	$0	
Other (please specify)	$0	$0		$0	$0	$0	$0	
9. Subrecipient Contracts	$3,269	$100	$100	$0	$1,000	$1,370	$100	$44,112
Total Direct Costs	$45,655	$27,282	$96,693	$9,091	$184,716	$22,727	$13,682	$149,872
Total Indirect Costs	$4,345	$2,718	$9,569	$909	$18,372	$2,273	$1,318	$14,987
Subtotals	$50,000	$30,000	$105,262	$10,000	$203,087	$25,000	$15,000	$164,859
							TOTAL	$603,208

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Date 1/9/2023

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New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way - Carroll County*
Budget Request for: *Regional Public Health Services*
Budget Period *Upon G & C Approval through June 30, 2023*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$27,179	$17,904	$47,520	$5,700	$117,048	$14,732	$7,452	$59,368
2. Fringe Benefits	$7,610	$5,013	$13,306	$1,596	$32,773	$4,699	$2,086	$16,623
3. Consultants	$4,980	$301	$500	$100	$1,838	$500	$100	$4,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$100	$100	$4,633	$0	$3,000	$0	$100	$100
5.(a) Supplies - Educational	$500	$150	$500	$250	$2,000	$560	$250	$1,000
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$500	$0	$500	$0	$0	$0	$1,000	$100
5.(e) Supplies Office	$500	$150	$500	$276	$2,500	$560	$500	$1,000
6. Travel	$799	$500	$2,500	$358	$6,000	$750	$750	$2,500
7. Software	$200	$200	$200	$0	$1,200	$0	$0	$12,000
8. (a) Other - Marketing/Communications	$150	$150	$250	$100	$1,974	$250	$100	$1,000
8. (b) Other - Education and Training	$150	$150	$500	$123	$3,500	$250	$100	$2,000
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,553	$1,738	$3,000	$313	$8,484	$0	$736	$1,620
Other (Occupacy)	$1,142	$826	$2,000	$275	$5,610	$0	$408	$2,000
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$100	$100	$100	$0	$0	$427	$100	$46,561
Total Direct Costs	$45,463	$27,282	$76,009	$9,091	$184,925	$22,728	$13,682	$149,872
Total Indirect Costs	$4,536	$2,718	$7,591	$909	$18,162	$2,273	$1,318	$14,987
Subtotals	$50,000	$30,000	$83,600	$10,000	$203,087	$25,000	$15,000	$164,859
							TOTAL	$581,546

Contractor Initials PT
Date 1/9/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way - South Central*

Budget Request for: *Regional Public Health Services*

Budget Period *Upon G & C Approval through June 30, 2023*

Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$1,760	$0	$3,521	$587	$8,215	$587	$587	$20,000
2. Fringe Benefits	$704	$0	$1,194	$92	$1,915	$164	$142	$5,600
3. Consultants	$15,600	$0	$100	$100	$1,000	$500	$3,845	$5,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$0	$100	$0	$2,000	$0	$500	$500
5.(a) Supplies - Educational	$500	$0	$0	$100	$240	$560	$250	$500
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$0	$0	$0	$0	$1,000	$500
5.(e) Supplies Office	$1,000	$0	$240	$100	$240	$560	$500	$1,772
6. Travel	$2,000	$0	$250	$200	$140	$750	$750	$2,000
7. Software	$200	$0	$200	$0	$200	$0	$0	$10,000
8. (a) Other - Marketing/Communications	$500	$0	$250	$100	$250	$500	$100	$500
8. (b) Other - Education and Training	$500	$0	$250	$123	$250	$500	$100	$500
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,230	$0	$2,285	$110	$2,385	$280	$540	$3,000
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$16,891	$30,000	$88,233	$7,579	$167,988	$18,326	$5,368	$100,000
Total Direct Costs	$45,655	$30,000	$96,623	$9,091	$184,824	$22,727	$13,682	$149,872
Total Indirect Costs	$4,345	$0	$9,569	$909	$18,262	$2,273	$1,318	$14,987
Subtotals	$50,000	$30,000	$106,192	$10,000	$203,087	$25,000	$15,000	$164,859
								$804,138

Contractor Initials PT

Date 1/9/2023

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE UNITED WAY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 30, 1927. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65650**

Certificate Number: **0005745302**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2022.

William M. Gardner

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Kathy Bizarro-Thunberg, hereby certify that:

1. I am a duly elected Secretary of the Board of Granite United Way.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on September 24, 2020, at which a quorum of the Directors were present and voting.

VOTED: That Patrick Tufts, President & CEO, is duly authorized on behalf of Granite United Way to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his 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: 1/9/23

Kathleen A. Bizarro-Thunberg

Signature of Elected Officer
Name: Kathy Bizarro-Thunberg
Title: Secretary

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/9/2023

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

PRODUCER	CONTACT NAME: Alyssa Woods
THE ROWLEY AGENCY INC. 45 Constitution Avenue P.O. Box 511 Concord NH 03302-0511	PHONE (A/C, No, Ext): (603)224-2562 FAX (A/C, No): (603)224-8012 E-MAIL ADDRESS: awoods@rowleyagency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Hanover Ins - Bedford
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	

COVERAGES CERTIFICATE NUMBER: 23-24 all lines REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			ZEV900337109	1/1/2023	1/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			ZEV900337109	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			UEV9003210-09	1/1/2022	1/1/2023	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		3A States: NH, VT WEV8996802-10	1/1/2023	1/1/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Covering operations of the named insured during the policy period.

CERTIFICATE HOLDER

State of NH
Department of Health and Human
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

C Holman, CPCU, CIC/C

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Granite United Way

LIVE UNITED

MISSION STATEMENT

Granite United Way's mission is to improve the quality of people's lives by bringing together the caring power of communities.

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GRANITE UNITED WAY

FINANCIAL REPORT

JUNE 30, 2021

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CONTENTS

Page

INDEPENDENT AUDITOR'S REPORT 1-2

FINANCIAL STATEMENTS

- Statement of financial position 3
- Statement of activities and changes in net assets 4
- Statement of functional expenses 5
- Statement of cash flows 6
- Notes to financial statements 7-19

SUPPLEMENTARY INFORMATION

- Supplementary schedules of community impact awards to qualified partner agencies and emerging opportunity grants 20-27
- Schedule of expenditures of federal awards ..... 28 and 29
- Notes to schedule of expenditures of federal awards 30

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS ..... 31 and 32

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE ..... 33 and 34

SCHEDULE OF FINDINGS AND QUESTIONED COSTS ..... 35 and 36

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on the Financial Statements

We have audited the accompanying financial statements of Granite United Way, which comprise the statement of financial position as of June 30, 2021, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

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Concord, NH 03301
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f: 603-224-3792

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Keene, NH 03431
v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766
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f: 603-448-2476

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Granite United Way as of June 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 18, 2021 on our consideration of Granite United Way's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Granite United Way's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Granite United Way's internal control over financial reporting and compliance.

Other Supplementary Information

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

Nathan Wechsler & Company

Concord, New Hampshire
November 18, 2021

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GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION
June 30, 2021

ASSETS

	Without Donor / Time Restrictions	With Donor / Time Restrictions	Total
CURRENT ASSETS			
Cash	$ 247,084	$ 674,019	$ 921,103
Prepaid and reimbursable expenses	31,049	-	31,049
Investments	444,066	-	444,066
Accounts and rent receivable	76,730	-	76,730
Contributions and grants receivable, net of allowance for uncollectible contributions of $400,365	-	2,902,143	2,902,143
Total current assets	798,929	3,576,162	4,375,091
OTHER ASSETS			
Property and equipment, net	1,152,668	-	1,152,668
Investments - endowment	13,026	247,705	260,731
Beneficial interest in assets held by others	-	2,171,078	2,171,078
Total other assets	1,165,694	2,418,783	3,584,477
Total assets	$ 1,964,623	$ 5,994,945	$ 7,959,568

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES			
Current maturities of long-term notes payable	$ 14,311	$ -	$ 14,311
Donor-designations payable	322,278	261,946	584,224
Accounts payable	687,182	-	687,182
Accrued expenses	186,263	-	186,263
Funds held for others	9,669	-	9,669
Total current liabilities	1,219,703	261,946	1,481,649
LONG-TERM LIABILITIES			
Notes payable, less current maturities	172,347	-	172,347
Total liabilities	1,392,050	261,946	1,653,996
COMMITMENTS *(See Notes)*			
NET ASSETS:			
Without donor/ time restrictions	572,573	-	572,573
With donor/ time restrictions (Note 9)	-	5,732,999	5,732,999
Total net assets	572,573	5,732,999	6,305,572
Total liabilities and net assets	$ 1,964,623	$ 5,994,945	$ 7,959,568

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Year Ended June 30, 2021

	Without Donor/Time Restrictions	With Donor/Time Restrictions	Total
Support and revenues:			
Campaign revenue:			
Traditional contributions pledged	$ -	$ 5,627,124	$ 5,627,124
Restricted contributions pledged	-	1,593,987	1,593,987
Less donor designations	-	(1,258,841)	(1,258,841)
Less provision for uncollectible pledges	-	(232,967)	(232,967)
Add prior years' excess provision for uncollectible pledges taken into income in current year	114,020	-	114,020
Net campaign revenue	114,020	5,729,303	5,843,323
Support:			
Grant revenue	-	4,741,440	4,741,440
Sponsors and program revenue	-	249,950	249,950
In-kind contributions	35,356	-	35,356
Total support	149,376	10,720,693	10,870,069
Other revenue:			
Rental income	96,913	-	96,913
Administrative fees	47,863	-	47,863
Miscellaneous income	15,092	-	15,092
Total support and revenues	309,244	10,720,693	11,029,937
Net assets released from restrictions:			
For satisfaction of time restrictions	4,205,818	(4,205,818)	-
For satisfaction of program restrictions	6,290,454	(6,290,454)	-
	10,805,516	224,421	11,029,937
Expenses:			
Program services	10,269,155	-	10,269,155
Support services:			
Fundraising	588,728	-	588,728
Management and general	461,753	-	461,753
Total expenses	11,319,636	-	11,319,636
Increase (decrease) in net assets before non-operating activities	(514,120)	224,421	(289,699)
Non-operating activities:			
Change in value of beneficial interest in trusts, net of fees of $12,131	-	489,357	489,357
Realized and unrealized gains (losses) on investments	(12,468)	23,367	10,899
Paycheck Protection Program loan forgiveness	772,500	-	772,500
Investment income, net	129,416	4,784	134,200
Total non-operating activities	889,448	517,508	1,406,956
Net increase in net assets	375,328	741,929	1,117,257
Net assets, beginning of year	197,245	4,991,070	5,188,315
Net assets, end of year	$ 572,573	$ 5,732,999	$ 6,305,572

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended June 30, 2021

	Grants and awards	Salaries, employee benefits and taxes	Occupancy	Technology and telephone expenses	United Way Worldwide dues and other dues and subscriptions	Campaign, communications and printing	Professional services and subcontractors	Conferences, travel and staff development	Supplies, office expenses, insurance, and other	Depreciation and amortization	Total
Program services:											
211 New Hampshire	$ -	$ 633,032	$ -	$ 1,281,288	$ 7,560	$ 140	$ 1,500	$ 873	$ 151,093	$ -	$ 2,075,486
Community impact grants	1,395,459	-	-	-	-	-	-	-	-	-	1,395,459
Public Health Network	-	438,606	14,171	568	-	1,861	479,944	10,282	145,702	-	1,091,134
CARES ACT - Basic Needs	758,910	-	-	-	-	-	-	-	-	-	758,910
CARES ACT - Recovery Friendly Workplace	659,091	-	-	-	-	-	-	-	-	-	659,091
Whole Village Family Resource Center	-	111,261	79,413	12,906	-	-	40,620	124	69,286	31,897	345,609
Department of Justice	-	79,071	-	-	-	-	128,716	-	1,442	-	209,229
CARES ACT - Empower Youth	158,500	-	-	-	-	-	-	23,313	7,525	-	189,338
Fuel Our Families	155,422	-	-	-	-	-	-	-	-	-	155,422
Recovery Friendly Workplace	-	138,135	-	-	-	2,467	-	4,123	7,525	-	152,250
Work United Program	-	98,246	-	-	-	-	-	51,688	-	-	149,934
Leader in Me	144,067	-	-	-	-	-	-	-	-	-	144,067
Volunteer Income Tax Assistance	-	106,686	-	-	-	-	10,209	-	21,148	-	138,043
COVID-19 Relief Fund	135,418	-	-	-	-	-	-	-	-	-	135,418
Literacy	20,000	-	-	-	-	-	-	-	78,790	-	98,790
Other program services	33,509	1,804,200	123,141	116,028	112,016	34,446	118,298	6,930	194,902	27,305	2,570,775
Total program services	3,460,376	3,409,237	216,725	1,410,790	119,576	38,914	779,287	97,333	677,715	59,202	10,269,155
Supporting Services:											
Fundraising	-	432,331	29,508	20,861	26,842	51,669	2,298	1,490	17,186	6,543	588,728
Management and general	-	327,710	22,367	15,812	20,346	-	46,742	1,129	22,687	4,960	461,753
Total supporting services	-	760,041	51,875	36,673	47,188	51,669	49,040	2,619	39,873	11,503	1,050,481
Total functional expenses	$ 3,460,376	$ 4,169,278	$ 268,600	$ 1,447,463	$ 166,764	$ 90,583	$ 828,327	$ 99,952	$ 717,588	$ 70,705	$ 11,319,636

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF CASH FLOWS
For the Year Ended June 30, 2021

CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	$	7,633,270
Cash received from grantors		4,019,420
Administrative fees		47,863
Other cash received		64,007
Cash received from trusts		92,470
Designations paid		(1,551,848)
Net cash received for funds held for others		2,464
Cash paid to agencies and grantees		(3,394,198)
Cash paid to suppliers, employees, and others		(7,150,154)
Net cash used in operating activities		(236,706)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment		(41,305)
Proceeds from sale of investments		7,228
Net cash used in investing activities		(34,077)
CASH FLOWS USED IN FINANCING ACTIVITIES		
Repayments of long-term debt		(13,417)
Net decrease in cash		(284,200)
Cash, beginning of year		1,205,303
Cash, end of year	$	921,103
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash payments for:		
Interest expense	$	9,599

See Notes to Financial Statements.

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Note 1. Nature of Activities

Granite United Way is the result of six United Ways merging together to create a single, efficient organization that covers more than 80% of New Hampshire and Windsor County, Vermont. Granite United Way improves lives by mobilizing the caring power of their communities. More than fundraisers, Granite United Way is a partner in change, working with a broad range of people and organizations to identify and resolve pressing community issues. Granite United Way works closely with volunteer leadership to invest donor dollars to help the community learn, earn and be healthy. By focusing on these investment initiatives, Granite United Way is helping people in new and strategic ways.

Granite United Way conducts annual campaigns in the fall of each year to support hundreds of local programs, primarily in the subsequent year, while the State Employee Charitable Campaign, managed by Granite United Way, is conducted in May and June. Campaign contributions are used to support local health and human services programs, collaborations and to pay Granite United Way's operating expenses. Donors may designate their pledges to support a region of Granite United Way, a Community Impact area, other United Ways or to any health and human service organization having 501(c)(3) tax-exempt status. Amounts pledged to other United Ways or agencies are included in the total contributions pledged revenue and as designations expense. The related amounts receivable and payable are reported as an asset and liability in the statement of financial position. The net campaign results are reflected as with donor restrictions in the accompanying statement of activities and changes in net assets, as the amounts are to be collected in the following year. Prior year campaign results are reflected as net assets released from restrictions in the current year statement of activities and changes in net assets.

Granite United Way invests in the community through three different vehicles:

June 30,		2021
Community Impact Awards to partner agencies	$	1,395,459
Donor designated gifts to Health and Human Service agencies		1,258,841
Granite United Way Program services		8,873,696
Total	$	11,527,996

The Board of Directors approved Community Impact Grant Awards amounting to $1,100,000 for the year ended June 30, 2022.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The financial statements of Granite United Way (the "United Way") have been prepared on the accrual basis. Under the accrual basis, revenues and gains are recognized when earned and expenses and losses are recognized when incurred. The significant accounting policies followed are described below to enhance the usefulness of the financial statements to the reader.

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Estimates and assumptions: The United Way prepares its financial statements in accordance with generally accepted accounting principles. Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenue and expenses. Accordingly, actual results could differ from those estimates.

Cash and cash equivalents: For purposes of reporting cash flows, the United Way considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents. The United Way had no cash equivalents at June 30, 2021.

Net assets: The United Way reports information regarding its financial position and activities according to two categories of net assets: net assets with donor restrictions and net assets without donor restrictions. Descriptions of these net asset categories are as follows:

Net assets without donor/ time restrictions: Net assets without donor restrictions are available for use at the discretion of the Board of Directors and/or management for general operating purposes. From time to time the Board of Directors designates a portion of these net assets for specific purposes which makes them unavailable for use at management's discretion. For example, the Board has designated a portion of net assets without donor restrictions as a quasi-endowment (an amount to be treated by management as if it were part of the donor restricted endowment) for the purpose of securing the United Way's long-term financial viability.

The United Way has board designated net assets of $13,026 for endowment at June 30, 2021.

Net assets with donor/ time restrictions: Net assets with donor restrictions consist of assets whose use is limited by donor-imposed, time and/or purpose restrictions.

The United Way reports gifts of cash and other assets as revenue with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, the net assets are reclassified as net assets without donor restrictions and reported in the statement of activities and changes in net assets as net assets released from restrictions.

Some net assets with donor restrictions include a situation that assets provided be maintained permanently (perpetual in nature) while permitting the United Way to expend the income generated by the assets in accordance with the provisions of additional donor imposed stipulations or a Board approved spending policy.

Contributions receivable: Campaign pledge contributions are generally paid within one year. The United Way provides an allowance for uncollectible pledges at the time campaign results are recorded. Provisions for uncollectible pledges have been recorded in the amount of $232,967 for the campaign period ended June 30, 2021. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for the year June 30, 2021.

Investments: The United Way's investments in marketable equity securities and all debt securities are reported at their fair value based upon quoted market prices in the accompanying statement of financial position. Unrealized gains and losses are included in the changes in net assets in the accompanying statement of activities. The United Way's investments do not have a significant concentration of credit risk within any industry, geographic location, or specific location.

Revenue recognition - Contributions: The United Way recognizes contributions received and made, including unconditional promises to give, as revenue in the period received or made. Contributions received are reported as either revenues without donor restrictions or revenues with donor restrictions. Contributions with donor restrictions that are used for the purposes specified by the donor in the same year as the contribution is received are recognized as revenues with donor restrictions and are reclassified as net assets released from restrictions in the same year. Promises to contribute that stipulate conditions to be met before the contribution is made are not recorded until the conditions are met. There were no conditional promises to give as of June 30, 2021.

Donated goods and services: Contributed services are recognized when the services received would typically need to be purchased if they had not been provided by donation or require specialized skills and are provided by individuals possessing those skills. Various types of in-kind support, including services, call center space, gift certificates, materials and other items, amounting to $35,356 have been reflected at fair value in the financial statements for year ended June 30, 2021.

A substantial number of volunteers have donated significant amounts of their time in United Way's program services; however, the value of this contributed time is not reflected in the accompanying financial statements since the volunteers' time does not meet the criteria for recognition.

Functional allocation of expenses: The statement of functional expenses present expenses by function and natural classification. Expenses directly attributable to a specific functional area of the United Way are reported as expenses of those functional areas. A portion of general and administrative costs that benefit multiple functional areas (indirect costs) have been allocated across programs and other supporting services based on estimates of time and effort.

Property and equipment: Property and equipment are carried at cost if purchased and fair value if contributed. Maintenance, repairs, and minor renewals are expensed as incurred, and major renewals and betterments are capitalized. The United Way capitalizes additions of property and equipment in excess of $2,500.

Depreciation of property and equipment is computed using the straight-line method over the following useful lives:

	Years
Building and building improvements	5-31½
Leasehold improvements	15
Furniture and equipment	3-10

Operating measure: The United Way has presented the statement of activities and changes in net assets based on an intermediate measure of operations. The measure of operations includes all revenues and expenses that are an integral part of the United Way's programs and supporting activities and net assets released from restrictions to support operating activities. Non-operating activities are limited to resources outside of those program and services and are comprised of investment return, the changes in fair value of the beneficial interest in trusts, and gains and losses on sales and dispositions of assets.

Concentrations of credit risk: Financial instruments which potentially subject the United Way to concentrations of credit risk, consist primarily of contributions receivable, substantially all of which are from individuals, businesses, or not-for-profit organizations. Concentrations of credit risk are limited due to the large number of donors comprising the United Way's donor base. As a result, at June 30, 2021, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

In addition, the United Way maintains cash accounts with several financial institutions insured by the Federal Deposit Insurance Corporation up to $250,000. At June 30, 2021, there was approximately $676,000 included in cash in excess of federally insured limits.

Income taxes: The United Way is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The United Way is also exempt from state income taxes by virtue of its ongoing exemption from federal income taxes. Accordingly, no provision for income taxes has been recorded in the accompanying financial statements.

The United Way has adopted the provisions of FASB ASC 740 Accounting for Uncertainty in Income Taxes. Accordingly, management has evaluated the United Way's tax positions and concluded the United Way had maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment or disclosure in the financial statements.

With few exceptions, the United Way is no longer subject to income tax examinations by the U.S. Federal or State tax authorities for tax years before 2018.

Change in accounting principle: The United Way has adopted *Revenue from Contracts with Customers* (Accounting Standard Update 2014-09). Analysis of various provisions of this standard resulted in no significant changes in the way the United Way recognizes revenue, and therefore no changes to the previously issued audited financial statements were required on a retrospective basis. The presentation and disclosures of revenue have been enhanced in accordance with the standard.

The United Way has adopted *Fair Value Measurement (Topic 820) Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement* (Accounting Standards Update 2018-13). The disclosures have been updated in accordance with the standard.

Recent accounting pronouncements: In February 2016, the FASB issued, *Leases, Topic 842* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset.

Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. This standard will be effective for the United Way for the year ended June 30, 2023, with early adoption permitted. Management is currently evaluating the impact this will have on its financial statements.

Note 3. Fair Value Measurements

The Fair Value Measurements Topic of the FASB Accounting Standards Codification (FASB ASC 820-10) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 – inputs are unadjusted, quoted prices in active markets for identical assets at the measurement date. The types of assets carried at Level 1 fair value generally are securities listed in active markets. The United Way has valued their investments listed on national exchanges at the last sales price as of the day of valuation.

- Level 2 – inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

- Level 3 – inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option-pricing models, discounted cash flow models, and similar techniques.

Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2021:

	Level 1	Level 2	Level 3
Money market funds	$ 113,295	$ 33,689	$ -
Mutual funds:			
Domestic equity	100,093	-	-
Fixed income	274,798	-	-
Fixed income funds	150,923	8,476	-
Corporate bonds	-	45,882	-
Beneficial interest in assets held by others	-	-	2,171,078
Total	$ 639,109	$ 88,047	$ 2,171,078

All assets have been valued using a market approach, except for the beneficial interest in assets held by others, and have been consistently applied. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable assets. Prices may be indicated by pricing guides, sales transactions, market trades, or other sources.

The beneficial interest in assets held by others is valued using the income approach. The value is determined by calculating the present value of future distributions expected to be received, which approximates the value of the trust's assets at June 30, 2021.

GAAP requires disclosure of an estimate of fair value for certain financial instruments. The United Way's significant financial instruments include cash and other short-term assets and liabilities. For these financial instruments, carrying values approximate fair value.

Note 4. Property and Equipment

Property and equipment, at cost, at June 30,		2021
Land, buildings and building improvements	$	1,440,636
Leasehold improvements		5,060
Furniture and equipment		370,804
Total property and equipment		1,816,500
Less accumulated depreciation		(663,832)
Total property and equipment, net	$	1,152,668

Note 5. Endowment Funds Held by Others

Agency endowed funds: The United Way is a beneficiary of various agency endowment funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as separate funds designated for the benefit of the United Way.

In accordance with its spending policy, the Foundation may make distributions from the funds to the United Way. The New Hampshire Charitable Foundation's charitable distribution rate is currently 5% of the fund's average market value of the trailing 20 calendar quarters.

The estimated value of the future distributions from the funds is included in these financial statements as required by FASB ASC 958-605, however, all property in the fund was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way.

The United Way received $86,884 from the agency endowed funds during the year ended June 30, 2021.

Designated funds: The United Way is also a beneficiary of two designated funds at The New Hampshire Charitable Foundation. Pursuant to the terms of the resolution establishing these funds, property contributed to The New Hampshire Charitable Foundation is held as a separate fund designated for the benefit of the United Way. In accordance with its spending policy, the Foundation makes distributions from the funds to the United Way. The New Hampshire Charitable Foundation's charitable distribution rate is currently 5% of the fund's average market value of the trailing 20 calendar quarters.

These funds are not included in these financial statements, since although all property in these funds was contributed to The New Hampshire Charitable Foundation to be held and administered for the benefit of the United Way, The New Hampshire Charitable Foundation may redirect funds to another organization.

The United Way received $5,586 from the designated funds during the year ended June 30, 2021. The market value of these fund's assets amounted to approximately $139,000 at June 30, 2021.

Note 6. Long-term Debt

Long-term debt at June 30,		2021
Mortgage financed with a local bank. Interest rate at the 5-year Federal Home Loan Classic Advance Rate plus 2.5% (4.82% at June 30, 2021). Due in monthly installments of principal and interest of $1,908 through December, 2031. Collateralized by the United Way's building located in Plymouth, NH.	$	186,658
Less portion payable within one year		14,311
Total long-term debt	$	172,347

The scheduled maturities of long-term debt at June 30, 2021 were as follows:

Year Ending June 30,		
2022	$	14,311
2023		15,016
2024		15,756
2025		16,532
2026		17,347
Thereafter		107,696
Total	$	186,658

The mortgage note contains a financial covenant for debt service coverage, which is tested annually based on the year-end financial statements.

The United Way has a revolving line-of-credit with Citizen's Bank with a maximum borrowing limit of $250,000. The line-of-credit is subject to annual review and renewal. The line-of-credit agreement bears interest equal to the Wall Street Journal prime rate plus 0.25% (3.5% as of June 30, 2021) and is secured by all assets of the United Way. At June 30, 2021, there were no amounts outstanding on this line-of-credit agreement. See Note 15 for details about the Payroll Protection loan.

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Note 7. Funds Held for Others

The United Way held funds for others for the following projects:

June 30,		2021
Work United Loan Default Program	$	4,555
Concord Multicultural Festival		3,729
Get Moving Manchester		1,140
Better Together Lakes Region		245
Total	$	9,669

Note 8. Endowment Funds

The United Way's endowment consists of four individual funds established for youth programs, Whole Village Resource Center, and general operating support. Its endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Interpretation of Relevant Law: The United Way is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board of Directors appropriates such amounts for expenditures. Most of those net assets are also subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The Board of Directors of the United Way has interpreted UPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund unless a donor stipulates the contrary.

As a result of this interpretation, when reviewing its donor-restricted endowment funds, the United Way considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument.

The United Way has interpreted UPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with UPMIFA, the United Way considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the fund, (2) the purposes of the organization and the donor-restricted endowment fund, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the organization, and (7) the investment policies of the United Way.

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Underwater Endowment Funds: From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires the United Way to retain as a fund of perpetual duration. The United Way did not have any funds with deficiencies of this nature as of June 30, 2021.

Investment Return Objectives, Risk Parameters and Strategies: The United Way has adopted investment policies, approved by the Board of Directors, for endowment assets for the long-term. The United Way seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable level of risk. Investment risk is measured in terms of the total endowment fund; investment assets and allocations between asset classes and strategies are managed to not expose the fund to unacceptable level of risk.

Spending Policy: The United Way does not currently have a spending policy for distributions each year as they strive to operate within a budget of their current Campaign's income. To date there have been no distributions from the endowment fund.

Endowment net asset composition by type of fund as of June 30, 2021 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	$ 13,026	$ -	$ 13,026
Donor-restricted endowment funds:			
Original donor-restricted gift amount and amounts required to be maintained in perpetuity by donor	-	142,652	142,652
Accumulated investment gains	-	105,053	105,053
Total funds	$ 13,026	$ 247,705	$ 260,731

Changes in the endowment net assets as of June 30, 2021 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2020	$ 11,545	$ 219,554	$ 231,099
Investment return, net	1,481	28,151	29,632
Endowment net assets, June 30, 2021	$ 13,026	$ 247,705	$ 260,731

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Note 9. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods:

June 30,	2021
Subject to expenditure for specified time period:	
Contributions receivable related to campaigns	$ 2,055,226
Designations payable to other agencies and United Ways	(261,946)
	1,793,280
Subject to expenditure for specified purpose:	
Public Health Network services	574,736
Manchester Proud	505,095
Leader in Me	150,092
Youth Enrichment Partnership	112,750
Literacy Program	97,198
Work United	74,255
Other programs	6,810
	1,520,936
Endowments subject to the United Way's spending policy and appropriation:	
Investments in perpetuity (original amounts of $142,652), which once appropriated, is expendable to support:	
Whole Village Resource Center	119,978
General Operations	97,874
Youth Programs	29,853
	247,705
Beneficial interest in assets held by others:	
Agency endowed funds at the New Hampshire Charitable Foundation	2,171,078
Total net assets with donor restrictions	$ 5,732,999

Note 10. Liquidity and Availability of Resources

The United Way's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

June 30,	2021
Cash	$ 921,103
Investments	704,797
Contributions receivable, net	2,902,143
Beneficial interest in trust	2,171,078
Accounts and rent receivable	76,730
Total financial assets	6,775,851
Less amounts unavailable for general expenditures within one year, due to:	
Restricted by donors with time or purpose restrictions	(396,233)
Subject to appropriation and satisfaction or donor restrictions	(247,705)
Agency endowed funds at the New Hampshire Charitable Foundation	(2,171,078)
Total amounts unavailable for general expenditure within one year	(2,815,016)
Amounts unavailable to management without Board's approval:	
Board designated endowment	(13,026)
Total financial assets available to management for general expenditure within one year	$ 3,947,809

Liquidity Management

The United Way maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities, and other obligations come due. To help manage unanticipated liquidity needs the United Way has committed a line of credit of $250,000, which it could draw upon. Additionally, the United Way has board designated net assets without donor restrictions that, while the United Way does not intend to spend these for purposes other than those identified, the amounts could be made available for current operations, if necessary.

Note 11. Pension Fund

The United Way sponsors a tax-deferred annuity plan qualified under Section 403(b) of the Internal Revenue Code, whereby electing employees contribute a portion of their salaries to the plan. For the year ended June 30, 2021 the United Way contributed $109,028 to employees participating in the plan.

Note 12. Lease Commitments

During a prior year, the United Way entered into an operating lease agreement for a four year term commencing September 1, 2017 through August 31, 2021 for an office space in Concord, New Hampshire. The lease required monthly payments of $3,337 through August 31, 2018.

During a prior year, the United Way entered into an operating lease agreement for a five year term commencing July 15, 2016 through June 30, 2021 for an office space in Manchester, New Hampshire. The lease required monthly payments of $6,082 through June 30, 2021.

During a prior year, the United Way entered into an operating lease agreement for a five year term commencing on September 1, 2018 through August 31, 2023 for an office space in Lebanon, New Hampshire. The lease requires monthly payments of $1,760 through August 31, 2020. After August 31, 2020, the rent will increase each year depending on the consumer price index. The lease requires payments for common costs.

During a prior year, the United Way entered into an operating lease agreement for a two year term commencing on January 1, 2019 through December 31, 2020 for an office space in Berlin, New Hampshire. The lease requires monthly payments of $187 through December 31, 2020. The lease continues on a month to month basis after December 31, 2020.

Total rent expense for these leases amounted to approximately $160,500 for the year ended June 30, 2021.

The United Way leases multiple copier machines under the terms of operating lease agreements. The monthly lease payments amount to approximately $2,500. The lease expense amounted to approximately $24,000 for these leases for the year ended June 30, 2021.

The United Way's future minimum lease commitments are as follows:

Year ending June, 30	
2022	$ 46,654
2023	38,176
2024	8,759
2025	5,482
2026	4,112
Total	$ 103,183

Note 13. Commitments

In Plymouth, the United Way rents space in a building which they own and occupy to twelve non-affiliated, non-profit organizations. The monthly lease payments range from $125 to $1,995 per month. For the year ended June 30, 2021, the rental income amounted to $96,913.

Note 14. Payment to Affiliated Organizations and Related Party

The United Way pays dues to United Way Worldwide. The United Way's dues paid to this affiliated organization aggregated $154,044 for the year ended June 30, 2021.

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Note 15. COVID - 19 and the Paycheck Protection Program Loan

The COVID-19 pandemic has impacted and could further impact the United Way's operations. The extent of the impact of COVID-19 on the United Way will depend on future developments, including the duration and spread of the outbreak and the impact on the United Way's donors and the community.

In April 2020, the United Way received $772,500 in funds from the federal Paycheck Protection Program (PPP). The PPP is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. SBA will forgive loans if all employees are kept on the payroll for the specified period of time and the money is used for payroll, rent, mortgage interest, or utilities.

During the year ended June 30, 2021, the United Way received forgiveness for the PPP loan. The forgiveness is recognized in the statement of activities and changes in net assets as nonoperating income.

Note 16. Subsequent Events

The United Way has evaluated subsequent events through November 18, 2021, the date which the financial statements were available to be issued and have not evaluated subsequent events after that date. Subsequent to year end, the United Way is in the final stages of an alignment with the United Way of Greater Seacoast.

There were no other subsequent events that would require disclosure in financial statements for the year ended June 30, 2021.

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
MERRIMACK COUNTY REGION
Year Ended June 30, 2021

	Community Impact Awards
Blueberry Express Day Care Center	$ 25,000
Concord Coalition to End Homelessness	20,000
Concord Family YMCA	12,500
Easter Seals New Hampshire, Inc.	22,500
Girls Inc. of New Hampshire	3,850
Merrimack Valley Day Care	37,500
New Hampshire Harm Reduction	10,000
Second Start	10,150
The Friends Program:	
Foster Grandparents	16,000
Emergency Housing	25,000
The Pittsfield Youth Workshop	25,000
Tiny Twisters Child Care Center	7,500
Waypoint	5,000
	$ 220,000

	Emerging Opportunity Grants
Concord Police Department	$ 1,782
City of Concord	5,527
	$ 7,309

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
NORTH COUNTRY REGION
Year Ended June 30, 2021

	Community Impact Awards
Believe in Books	$ 1,998
Boys and Girls Club of the North Country	10,000
Copper Cannon Camp	6,000
Disability Rights Center	2,500
Epilepsy Foundation	500
Grafton County Senior Citizens:	
ServiceLink	4,750
RSVP	5,090
Senior Nutrition and Transportation	5,625
Greenpath Financial Wellness	500
NH Legal Assistance	5,000
Northern Human Services	2,250
The Family Resource Center	4,263
Tri-County Community Action Program:	
Support Center at Burch House	4,262
Tyler Blain House	5,262
Waypoint Parenting Transitional Living Program	5,000
	$ 63,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
UPPER VALLEY REGION
Year Ended June 30, 2021

	Community Impact Awards
Child Care Center in Norwich	$ 10,000
Copper Cannon Camp	1,000
Creative Lives	7,000
Cover Home Repair	10,000
Dismas of Vermont	2,500
Disability Rights Center - NH	2,500
Girls Inc. of New Hampshire	3,750
Global Campuses Foundation	4,500
Good Neighbor Health Care	2,650
Grafton County Senior Citizens Council	3,750
Headrest	3,500
HIV/HCV Resource Center	10,000
Mascoma Community Healthcare	20,000
Mt. Ascutney Hospital and Health Center	1,500
Safeline	3,000
Second Wind Foundation	5,500
Southeastern Vermont Community Action	14,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
UPPER VALLEY REGION (CONTINUED)
Year Ended June 30, 2021

	Community Impact Awards (Continued)
Springfield Family Center	$ 2,500
Springfield Supported Housing Program	5,000
The Family Place	20,000
The Mayhew Program	2,500
The Special Needs Support Center	4,000
TLC Family Resource Center	5,500
Tri-Valley Transit	500
Twin Pines Housing Trust	2,850
Upper Valley Habitat for Humanity:	3,750
Food Services	12,500
Shelter Services	6,750
Upper Valley Trails Alliance	1,000
Visions for Creative Housing Solutions	7,500
Visiting Nurse and Hospice for Vermont and NH	15,000
Waypoint	7,500
West Central Behavioral Health	7,500
Willing Hands Enterprises	5,000
Windham & Windsor Housing Trust	4,500
Immigration Legal Services Program	4,000
Emergency Shelter and Housing Program	2,000
	$ 225,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
SOUTHERN REGION
Year Ended June 30, 2021

	Community Impact Awards
Boys & Girls Club of Greater Salem, Inc.	$ 14,280
City Year New Hampshire	10,000
Community Caregivers of Greater Derry	6,246
Copper Cannon Camp	5,000
Disability Rights Center - NH	6,000
Easter Seals New Hampshire, Inc.	12,750
Epilepsy Foundation New England	5,524
Girls Inc. of New Hampshire	10,200
Granite State Children's Alliance	5,000
International Institute of New England	7,650
Manchester Community Resource Center, Inc.	10,000
Mayhew Program	5,000
NeighborWorks Southern New Hampshire	5,000
New Hampshire Legal Assistance	13,320
NHBA Pro Bono Referral Program	9,180
Plaistow YMCA	12,750
Rockingham Nutrition and Meals on Wheels Program	11,250
Salem Haven, Inc.	6,000
St. Joseph Community Services, Inc.	16,250
The Granite YMCA	10,000
The Mental Health Center of Greater Manchester	10,200
The Upper Room:	
Adolescent Wellness Program	15,300
Greater Derry Juvenile Diversion Program	12,750
Waypoint	7,500
YWCA	17,850
	$ 245,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES - YOUTH ENRICHMENT PARTNERSHIP SOUTHERN REGION (Continued)
Year Ended June 30, 2021

	Youth Enrichment Partnership
Amoskeag Health	$ 55,000
Boys and Girls Club of Manchester	60,000
Southern New Hampshire University, Center for New Americans	20,000
City Year New Hampshire	10,000
Daniel Webster Council, Boy Scouts of America	10,000
Girls Incorporated of New Hampshire	20,000
Manchester Community Music School	15,000
Manchester Police Athletic League	30,000
Media Power Youth	43,150
Mental Health Center of Greater Manchester	30,000
New Hampshire Legal Assistance	10,000
The Granite YMCA	150,000
University of New Hampshire, STEM Discovery Lab	20,000
UpReach Therapeutic Equestrian Center	15,000
	$ 488,150

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
NORTHERN REGION
Year Ended June 30, 2021

	Community Impact Awards
Believe in Books	$ 2,000
Coos County Family Health Services, Inc.	1,500
Copper Cannon Camp	3,000
Disability Rights Center	1,250
Epilepsy Foundation New England	501
Green Path Financial Wellness	850
Harvest Christian Fellowship:	
Community Café	4,000
Feeding Hope Food Pantry	4,500
Helping Hands North, Inc.	4,000
North Conway Community Center	2,000
Northern Human Services	2,250
The Family Resource Center at Gorham	4,000
Tri-County Community Action Program:	
Tyler Blain House	1,149
ServiceLink	1,000
	$ 32,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES
CENTRAL REGION
Year Ended June 30, 2021

	Community Impact Awards
Big Brothers Big Sisters of New Hampshire	$ 7,500
Boys and Girls Clubs of Central New Hampshire	15,000
Circle Program	5,000
Grafton County Senior Citizens Council, Inc.	2,625
Granite State Children's Alliance	5,000
Health First Family Care Center	10,000
Kingswood Youth Center	7,500
Lakes Region Community Developers	12,500
Lakes Region Community Services	12,500
Lakes Region Mental Health Center	10,000
Mayhew Program	2,500
New Beginnings Without Violence and Abuse	10,000
New Hampshire Legal Assistance	2,625
Pemi Youth Center	3,750
Plymouth Area Recovery Connection	8,500
	$ 115,000

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GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2021

Federal Grantor Pass-through Grantor Program Title	Assistance Listing Number	Federal Expenditures	Expenditures to Subrecipients
Regional Public Health Network Services Cluster			
U.S. Department of Health and Human Services			
State of N.H. Department of Health and Human Services - South Central Public Health Network			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	$ 127,494	$ 118,886
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	111,917	104,713
Public Health Crisis Response	93.354	4,723	-
Preventive Health and Health Services Block Grant	93.758	30,130	30,130
Disaster Grant Public Assistance	97.036	32,934	-
Environmental Public Health and Emergency Response	93.070	13,708	12,511
Young Adult Substance Misuse Prevention Strategies	93.243	72,972	69,252
Total State of N.H. Department of Health and Human Services - South Central Public Health Network		393,878	335,492
State of N.H. Department of Health and Human Services - Capital Area Public Health Network			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	145,382	-
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	78,652	-
Public Health Crisis Response	93.354	32,602	-
Preventive Health and Health Services Block Grant	93.758	22,650	-
Immunization Cooperative Agreements	93.268	12,546	-
Disaster Grant Public Assistance	97.036	28,824	-
Environmental Public Health and Emergency Response	93.070	11,953	-
Young Adult Substance Misuse Prevention Strategies	93.243	76,848	55,410
Total State of N.H. Department of Health and Human Services - Capital Area Public Health Network		409,457	55,410
State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	111,441	-
Hospital Preparedness Program & Public Health Emergency Preparedness Aligned Coop Agreements	93.074	55,204	-
Public Health Crisis Response	93.354	31,631	-
Preventive Health and Health Services Block Grant	93.758	29,024	-
Immunization Cooperative Agreements	93.268	11,133	-
Disaster Grant Public Assistance	97.036	2,450	-
Environmental Public Health and Emergency Response	93.070	8,185	-
Young Adult Substance Misuse Prevention Strategies	93.243	61,630	900
Total State of N.H. Department of Health and Human Services - Carroll County Coalition for Public Health		310,698	900
Total Regional Public Health Network Services Cluster		1,114,033	391,802

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GRANITE UNITED WAY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (continued)
For the Year Ended June 30, 2021

Federal Grantor Pass-through Grantor Program Title	Assistance Listing Number	Federal Expenditures	Expenditures to Subrecipients
U.S. Internal Revenue Services			
Department of the Treasury			
Volunteer Income Tax Assistance (VITA) Matching Grant Program	21.009	$ 58,144	$ -
Coronavirus Aid Relief and Economic Security (CARES)			
Governor's Office for Emergency and Relief Recovery			
Basic Needs	21.019	741,523	702,183
NH Empowering Youth Program	21.019	200,000	158,500
Recovery Friendly Workplace	21.019	725,000	659,091
Total CARES		1,666,523	1,519,774
U.S. Department of Justice			
State of N.H. Department of Justice			
Comprehensive Opioid Abuse Program (COAP)-Recovery	16.838	192,929	112,060
Crime Victim Assistance-ACERT	16.575	28,222	16,656
Total State of NH Department of Justice		221,151	128,716
Federal Emergency Management Agency (FEMA)			
State of N.H. Department of Safety, Homeland Security and Emergency Management			
Emergency Support Function (ESF 14)	97.042	55,778	-
U.S. Department of Health and Human Services			
State of N.H. Division for Behavioral Health, Bureau of Drug and Alcohol Services			
State Opioid Response Grant	93.788	451,198	-
Total Expenditures of Federal Awards		$ 3,566,827	$ 2,040,292

The accompanying notes are an integral part of this schedule.

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NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Note 1. Basis of Presentation

The Schedule of Expenditures of Federal Awards ("the Schedule") includes the federal grant activity of Granite United Way ("the United Way"), under programs of the federal government for the year ended June 30, 2021. The information in this schedule is presented in accordance with the requirements of the Office of Management and Budget (OMB) *Uniform Guidance*. Because the schedule presents only a selected portion of the operations of the United Way, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the United Way.

Note 2. Basis of Accounting

This schedule is prepared on the same basis of accounting as the United Way's financial statements. The United Way uses the accrual basis of accounting. Expenditures represent only the federally funded portions of the program. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the basic financial statements.

Note 3. Program Costs

The amounts shown as current year expenditures represent only the federal grant portion of the program costs. Entire program costs could be more than shown. Such expenditures are recognized following, as applicable, either the cost principles in the OMB Circular A-122, Cost Principles for Non-Profit Organizations, or the cost principles contained in Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

Note 4. Major Programs

In accordance with OMB Uniform Guidance, major programs are determined using a risk-based approach. Programs in the accompanying Schedule are determined by the independent auditor to be major programs.

Note 5. Indirect Cost Rate

The amount expended includes $250,219 claimed as an indirect cost recovery. The United Way elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the governmental activities, the business-type activities, the aggregate discretely presented component units, each major fund, and the aggregate remaining fund information of Granite United Way as of and for the year ended June 30, 2021, and the related notes to the financial statements, which collectively comprise Granite United Way's basic financial statements, and have issued our report thereon dated November 18, 2021.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Granite United Way's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Granite United Way's internal control. Accordingly, we do not express an opinion on the effectiveness of Granite United Way's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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f: 603-224-3792

59 Emerald Street
Keene, NH 03431
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f: 603-224-3792

44 School Street
Lebanon, NH 03766
v: 603-448-2650
f: 603-448-2476

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Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Granite United Way's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Nathan Nechols & Company

Concord, New Hampshire
November 18, 2021

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NATHAN WECHSLER & COMPANY
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS ADVISORS

REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH THE UNIFORM GUIDANCE

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Granite United Way
Manchester, New Hampshire 03101

Report on Compliance for Each Major Federal Program

We have audited Granite United Way's compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Granite United Way's major federal programs for year ended June 30, 2021. Granite United Way's major federal programs are identified in the summary of auditor's results section of the accompanying Schedule of Findings and Questioned Costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Granite United Way's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Granite United Way's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Granite United Way's compliance.

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Opinion on Each Major Federal Program

In our opinion, Granite United Way complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control over Compliance

Management of Granite United Way is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Granite United Way's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Granite United Way's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Nathan Wechsler & Company

Concord, New Hampshire
November 18, 2021

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GRANITE UNITED WAY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
(UNIFORM GUIDANCE)
YEAR ENDED JUNE 30, 2021

Section I: Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *unmodified*

Internal control over financial reporting:

Are any material weaknesses identified?	____ Yes	_X_ No
Are any significant deficiencies identified?	____ Yes	_X_ None Reported
Is any noncompliance material to financial statement noted?	____ Yes	_X_ No

Federal Awards

Internal control over major federal programs:

Are any material weaknesses identified?	____ Yes	_X_ No
Are any significant deficiencies identified?	____ Yes	_X_ None Reported
Type of auditor's report issued on compliance for major federal programs:	*unmodified*	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ Yes	_X_ No

Identification of major federal programs:

Assistance Listing Numbers	Name of federal program or cluster
21.019 - Basic Needs	CARES - Governor's Office for Emergency and Relief Recovery
21.019 - NH Empowering Youth Program	CARES - Governor's Office for Emergency and Relief Recovery
21.019 - Recovery Friendly Workplace	CARES - Governor's Office for Emergency and Relief Recovery
93.788 - State Opioid Response Grant	DHHS - State of N.H. Division for Behavioral Health, Bureau of Drug and Alcohol Services

Dollar threshold used to distinguish between type A and type B programs:	$750,000	
Auditee qualified as a low-risk auditee?	_X_ Yes	____ No

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GRANITE UNITED WAY
SUMMARY SCHEDULE OF PRIOR AUDIT FINDINGS
(UNIFORM GUIDANCE)
YEAR ENDED JUNE 30, 2021

Section II – Financial Statement Findings

No financial statement findings noted.

Section III - Federal Awards Findings

No federal awards findings noted.

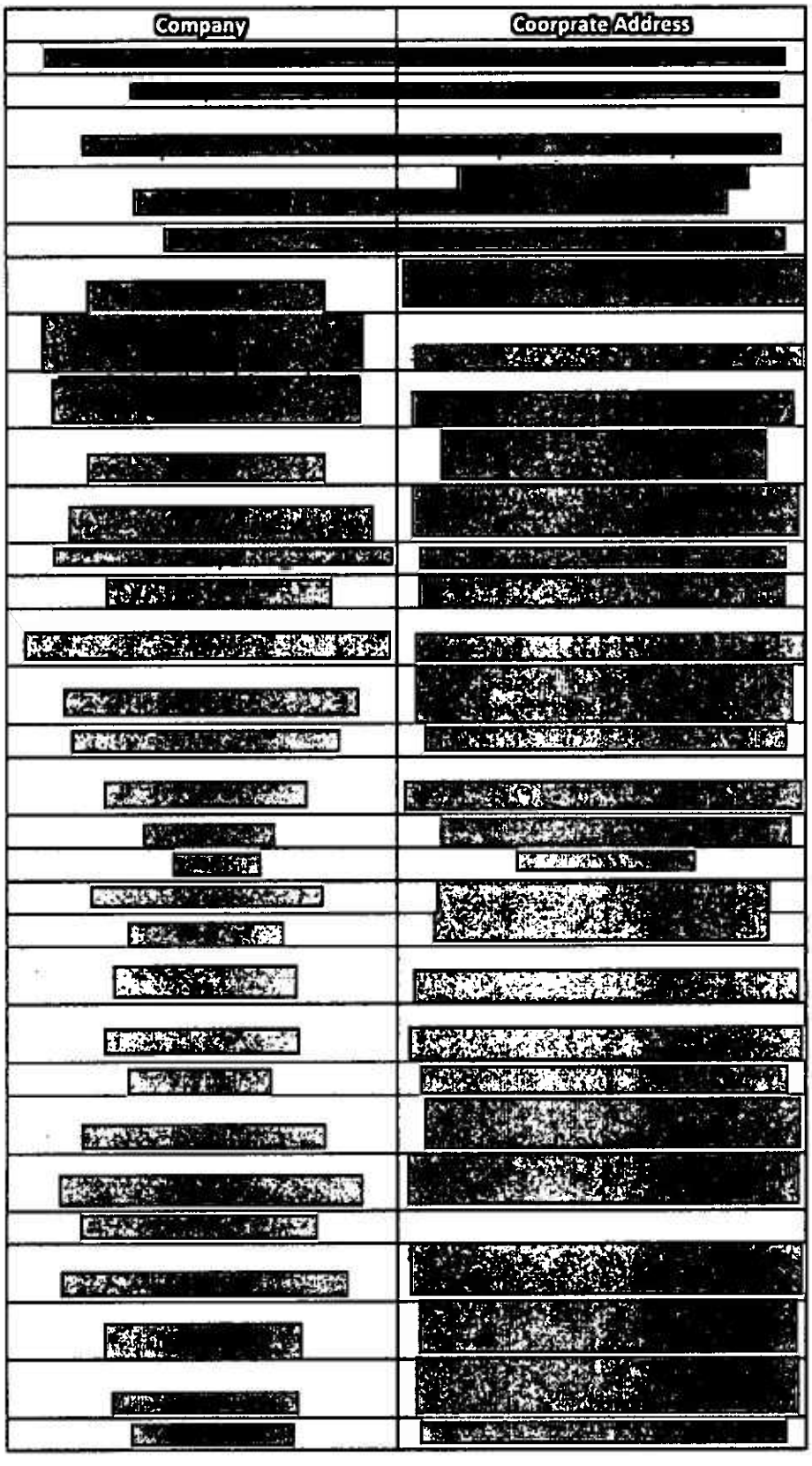
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Prefix	First Name	Informal	Last Name	Region
Ms./Dr.	Larissa	Larissa	Baia	*Central*
Mr.	Joseph	Joe	Bator	*Southern*
Ms.	Kathleen	Kathy	Bizarro-Thunberg	*Merrimack County*
Mr.	Joseph	Joe	Carelli	*Southern*
Mr.	Michael	Mike	Delahanty	*Southern*
Mr.	Douglas	Doug	DeLara, Jr.	*Southern*
Ms.	Patricia	Pat	Donahue	*Southern*
Mr.	Christopher	Chris	Emond,	*Merrimack County*
Ms.	Marlene	Marlene	Hammond,	*Merrimack County*
Mr	John	John	Hughes	*Corp. Counsel*
Ms.	Diana		Johnson	*Merrimack County*
Mr.	Joseph	Joe	Kenney	*Merrimack County*
Ms.	Sally	Sally	Kraft	*Upper Valley*
Ms.	Christina	Christina	Lachance	*Southern*
Mr./Dr.	Charles	Chuck	Lloyd	*Northern*
Mr.	Lawrence	Larry	Major, Jr	*Centeral*
Ms.	Carolyn	Carolyn	Maloney	*Upper Valley*
Mr.	Sean		Owen	*Southern*
Ms.	Elizabeth	Beth	Rattigan	*Upper Valley*
Mr.	Peter	Peter	Rayno	*Southern*
Ms.	Betsey	Betsey	Rhynhart	*Merrimack County*
Mr.	William	Bill	Sherry	
Mr.	Justin		Slattery	*Centeral*
Mr.	Timothy	Tim	Soucy	*Southern*
Ms.	Charla	Charla	Stevens	*Southern*
Mr.	Russell	Rusty	Talbot	*North Country*
Mr.	Robert	Robert	Tourigny	*Southern*
Mr.	Patrick	Patrick	Tufts	
Mr.	Mitchel	Mitch	Davis	*Upper Valley*
Ms.	Catherine	Cass	Walker,	*Central*

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BOD Position
DE&I Chair
Secretary & Audit Chair
Treasurer
Merrimack County CI Chair
Granite CIC Chair
Northern NH CI Chair
Interim Chair
Upper Valley CI Chair
Chief Operating Officer
Vice Chair /Gov. Chair
NC CIC Chair
President & CEO
Central Region CIC Chair

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[redacted]

SHANNON SWETT BRESAW, MSW

EDUCATION

Master of Social Work
2002 – 2004 University of New Hampshire Durham, NH

Bachelor of Arts - Clinical Counseling Psychology
1999 – 2002 Keene State College Keene, NH

EXPERIENCE

2007 - Present Granite United Way Concord, NH
Vice President of Public Health

Accomplishments:

- Provides Program Director support for the NH Governor's Recovery Friendly Workplace initiative through program development, staff oversight, resource development, marketing/communications, and evaluation
- Works to align and leverage Granite United Way investments and strategies with other statewide efforts to address public health, addiction, and social determinants of health
- Provides content expertise and consultation in the areas of substance use disorders, public health, community development, contract management, grant writing, reporting, and evaluation
- Develops and maintains strategic partnerships and relationships with key stakeholders across NH
- Provides contract management and oversight to 3 out of the 13 Regional Public Health Networks in NH, including the Capital Area Public Health Network, the Carroll County Coalition for Public Health and the South Central Public Health Network
- Provides direction and leadership towards achievement of each Network's philosophy, mission, strategic plans and goals, through: administration and support, program and service delivery, financial management, and community/public relations
- Coordinates all aspects of federal, state, and local grants and contracts, including resource development/grant-writing, financial oversight and reporting
- Develops community health improvement plans, evaluation plans, and other data-driven, research-informed strategic plans for the Networks
- Works with community impact committees and volunteers through Granite [redacted]

[redacted]

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2005 – 2007 Community Response (CoRe) Coalition Belknap County, NH
Outreach Coordinator, Project Director

Accomplishments:

- Provided leadership for a county-wide, regional alcohol, tobacco, and other drug abuse prevention coalition
- Strengthened capacity of coalition through outreach and collaboration, including partnerships with 10 community sectors, including government, schools, businesses, healthcare, and safety
- Coordinated all aspects of federal, state, and local grants, including financial oversight, progress reports, communications, and work plan goals, objectives, and activities
- Developed, coordinated, promoted, and implemented events, programs, and trainings for youth and adults
- Strengthened youth leadership and involvement in substance abuse prevention activities
- Supervised part-time staff, youth leaders, and volunteers

2004 – 2005 Caring Community Network of the Twin Rivers (CCNTR) Franklin, NH
Community Program Specialist

Accomplishments:

- Assisted in development of programming related to strengthening the public health infrastructure
- Recruited new participants to agency committees and projects
- Facilitated organizational collaboration, compiled research, and developed proposals to funding sources to address community needs
- Facilitated several ongoing committees
- Developed and maintained productive relationships with community and state leaders and agencies
- Participated in several trainings/seminars related to issues including substance abuse prevention, emergency preparedness, leadership, and public health infrastructure development
- Wrote numerous articles and press releases concerning community and public health

PROFESSIONAL ASSOCIATIONS

- American Public Health Association: NH Affiliate Representative to the Governing Council 2018-Current
- NH Public Health Association: Board Member 2018-Current
- Prevention Task Force of the Governor's Commission (Co-Chair): 2017-Current
- NH Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment and Recovery (Prevention Representative): 2016-2018
- NH Drug Overdose Fatality Review Committee (Prevention Representative): 2016-2018
- NH Alcohol and Other Drug Service Providers Association: Treasurer 2007-2011, 2014-2015
- NH Prevention Certification Board's Peer Review Committee: 2009-2011

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PAMELA BAILEY

[redacted]

Profile

Friendly and engaging team player; an energetic professional with experience in customer service, non-profit leadership, learning & development, accounting, office management and financial coaching.

Experience

- **Contracts Specialist and Workplace Wellness Director | Granite United Way** 2021 - Current

Contracts Specialist: Responsible for oversight, monitoring, budgeting, and invoicing for government contracts and grants as well as analyzing, developing, and managing the solicitation, administration, and compliance of subrecipient awards, contracts, and agreements. Workplace Wellness Director: Work in coordination with the VP of Public Health/Services Group in the development of the Workplace Wellness Strategy that combines our existing workplace initiatives to further support both employers and employees in our region. Lead internal Workplace Wellness Team.

Patient Customer Care Coordinator| Integrated Oral Health 2020 - 2021

Provide excellent customer experience by scheduling appointments, answering calls, providing insurance information, fielding all account and billing questions, patient intake including COVID safety protocols, and documentation of appointment outcomes and follow up needed. Also provide web maintenance and marketing support to the office.

Community Impact Program Director | Green Mountain United Way 2012 - 2019

Implemented and managed programs including youth programming, substance abuse/recovery, workforce development, and financial coaching. Master Coach and trainer for the Intro to Financial Coaching class. Assisted multiple businesses with their corporate campaigns, including kickoff events, staff orientation, and payroll deduction. Worked on collaboration events with multiple area non-profit agencies towards a shared mission. Assisted in grant writing and data collection. Performed H/R duties and budgeting for our agency as lead of the Finance Committee. Prepared all reporting needed by United Way Worldwide.

Banker II | Citizens Bank 2007 - 2012

Made 20 – 30 weekly outbound business development calls to both customers and non-customers. Teller functions including ATM and vault manager. Opened accounts for both personal and business accounts and offered additional products/services to strengthen the relationship with the customers. Prepared loan applications; made referrals to investment banker as well as commercial lines. Provided exceptional customer service and financial coaching.

Education

Master - Education | Cambridge College
Focus on adult learning.

BS – Business Management | Norwich University
Minor in Marketing and Economics.

Skills & Abilities

- Professionalism and customer service
- Retail and office management
- Written and verbal communication
- Microsoft Office programs
- Team building
- Multi-tasking and organization

Activities and Other Experience

Volunteer activities: Day of Caring 2016-2019, Volunteer Firefighter II 2008-2013, Northfield playground committee 2016-2018. **Other Experience:** Retail store Associate, Office Manager, Corporate Trainer – customer service, learning & development, and public speaking.

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Mary Reed [redacted]

Professional Profile

- Coalition Building
- Plan Development
- Resource Coordination
- Logistics
- Time management
- Budgeting
- Volunteer Management
- Grant/Proposal Writing
- Organization
- Leadership

Professional Accomplishments

Public Health

- Provide direction and leadership towards achievement of the Public Health Regions' goals, mission, and philosophy Develop and implement strategic plans and goals, through: administration and support, program and service delivery, fiscal management, human resource management, and community and public relations.

Regional Resource Coordination

- Collected and disseminated data on available resources critical for response to public health emergency.
- Developed working relationship with stakeholders in Public Health Region.

Public Health Coalition

- Regional Public Health Emergency Response Annex development
- Resource Coordination and Development
- Healthcare Coalition Building
- Regional Partner Development
- Clinic Operation Development
- Citizen Corps Volunteer Management and Training
- Policy Development
- Team Building

Captain of Operations

- Developed staff and operational procedures
- Oversee Training Program
- Facilitate QA/QI
- Facilitated and maintained data entry system and procedures for all of Fire Department operations and patient tracking
- Secured grant funding
- Volunteer Management

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Work History

Assistant Vice President of Public Health	Granite United Way	2018- present
Senior Director of Public Health	Granite United Way	2016 -2018
Public Health Region Emergency Preparedness Director	Capital Area Public Health Network / GUW Concord NH	2013 - 2016
Executive Director	Carroll County Coalition for Public Health, Ossipee NH	2011 - 2013
Preparedness Planner	Capital Area Public Health Network/Concord Hospital, Concord NH	2009 - 2011
Regional Resource Coordinator	New England Center for Emergency Preparedness/ Dartmouth College, Lebanon NH	2009
Captain of Operations	Barnstead Fire Rescue, Barnstead NH	2001-2010

Certifications

- Institute for Local Public Health Practices
- Local Government Leadership Institute
- Antioch New England Institute
- DHHS Inventory Management System Training
- FEMA 29, 100, 120.a, 130, 200, 235.b, 244, 250, 300, 368, 520, 546.12, 547a, 700, 701, 702a, 704, 800.B, 806, 808
- Department of Homeland Security Exercise and Evaluation Program (HSEEP)
- CDC SNS/ Mass Dispensing Course, Atlanta GA
- ICS, WebEOC, SNS 101
- HAZMAT Awareness and Operations
- CPR, Blood borne Pathogens
- EMS Field Training Officer
- Fire Fighter C2F2
- Amateur Radio Operator – General Class
- STEP program instructor
- Are You Ready instructor

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Shannon Swett	Vice President of Public Health	$0
Mary Reed	Assistant Vice President of Public Health	$87,360
Pamela Bailey	Contracts Specialist	$0

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41

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**
***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	**$330,000**

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date: 2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177877-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — Award Date: TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021
CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way - South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022
CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** **3/31/2021**

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** 5/17/2021

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — Award Date: 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — Award Date: 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-02)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite United Way		1.4 Contractor Address 22 Concord Street, Manchester, NH 03101	
1.5 Contractor Phone Number (603) 625-6939	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $2,452,816
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Patrick Tufts Date: 6/7/2022		1.12 Name and Title of Contractor Signatory Patrick Tufts President	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/7/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 6/7/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: DS PT

Date: 6/7/2022

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.

Contractor Initials PT

Date 6/7/2022

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 omissions of the

Contractor Initials PT

Date 6/7/2022

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.

Contractor Initials PT (DS)

Date 6/7/2022

DocuSign Envelope ID: 49F3D2FB-261D-4B36-B064-17BE04F164C0

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Capital, Carroll County and South Central regions, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention.

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and PACM

ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.14.1.2.2. Complete a technical assistance needs assessment.

1.2.14.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.14.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.14.1.3.1. Attend community of practice meetings and/or activities.

1.2.14.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.14.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.14.1.3.4. Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 95% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 5% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-6 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   4.3. Identifies and requests payment for allowable costs incurred in the previous month.

   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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.

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way-Capital Area*
Budget Request for: *Regional Public Health Services*
Budget Period *SFY23 (July 1, 2022 - June 30, 2023)*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$19,880	$18,509	$66,130	$3,365	$125,095	$14,732	$4,685	$8,953
2. Fringe Benefits	$5,567	$5,183	$18,516	$942	$35,027	$4,125	$1,312	$2,507
3. Consultants	$6,240	$685	$100	$4,160	$1,000	$500	$3,845	$100
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$100	$771	$0	$2,000	$0	$500	$100
5.(a) Supplies - Educational	$500	$250	$100	$100	$2,000	$0	$250	$250
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$500	$0	$0	$0	$1,000	$100
5.(e) Supplies Office	$1,000	$250	$500	$100	$2,500	$0	$500	$250
6. Travel	$2,000	$500	$1,000	$200	$6,000	$500	$750	$572
7. Software	$200	$200	$200	$0	$1,200	$0	$0	$100
8. (a) Other - Marketing/Communications	$500	$250	$250	$100	$974	$500	$100	$100
8. (b) Other - Education and Training	$500	$250	$250	$123	$3,500	$1,000	$100	$250
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,230	$1,005	$2,285	$0	$4,420	$0	$540	$265
Other (Occupacy)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$3,269	$100	$100	$0	$1,000	$1,370	$100	$100
Total Direct Costs	$45,655	$27,282	$90,703	$9,091	$184,716	$22,727	$13,682	$13,646
Total Indirect Costs	$4,345	$2,718	$8,915	$909	$18,372	$2,273	$1,318	$1,354
Subtotals	$50,000	$30,000	$99,618	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$447,705

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Contractor Initials
6/7/2022
Date

BT-1.0

Exhibit C-2 SFY 24 Budget

New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way-Capital Area*

Budget Request for: *Regional Public Health Services*

Budget Period *SFY24 (July 1, 2023 - June 30, 2024)*

Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$19,880	$18,509	$66,130	$3,365	$125,095	$4,685
2. Fringe Benefits	$5,567	$5,183	$18,516	$942	$35,027	$1,312
3. Consultants	$6,240	$885	$100	$4,160	$1,000	$3,845
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$100	$771	$0	$2,000	$500
5.(a) Supplies - Educational	$500	$250	$100	$100	$2,000	$250
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$500	$0	$0	$1,000
5.(e) Supplies Office	$1,000	$250	$500	$100	$2,500	$500
6. Travel	$2,000	$500	$1,000	$200	$6,000	$750
7. Software	$200	$200	$200	$0	$1,200	$0
8. (a) Other - Marketing/Communications	$500	$250	$250	$100	$974	$100
8. (b) Other - Education and Training	$500	$250	$250	$123	$3,500	$100
8. (c) Other - Other (specify below)						
Other (Expenses)	$1,230	$1,005	$2,285	$0	$4,420	$540
Other (Occupancy)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$3,269	$100	$100	$0	$1,000	$100
Total Direct Costs	$45,655	$27,282	$90,703	$9,091	$184,716	$13,682
Total Indirect Costs	$4,345	$2,718	$8,915	$909	$18,372	$1,318
Subtotals	$50,000	$30,000	$99,618	$10,000	$203,087	$15,000
TOTAL						$407,705

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PT

Contractor Initials

6/7/2022

Date

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way - Carroll County*
Budget Request for: *Regional Public Health Services*
Budget Period *SFY23 (July 1, 2022 - June 30, 2023)*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH,50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$27,179	$17,904	$27,179	$5,700	$117,046	$14,732	$7,452	$9,001
2. Fringe Benefits	$7,610	$5,013	$7,610	$1,596	$32,773	$4,699	$2,086	$2,423
3. Consultants	$4,980	$301	$100	$100	$1,838	$500	$100	$100
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$100	$100	$100	$0	$3,000	$0	$100	$100
5.(a) Supplies - Educational	$500	$150	$100	$250	$2,000	$560	$250	$120
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$500	$0	$500	$0	$0	$0	$1,000	$120
5.(e) Supplies Office	$500	$150	$500	$276	$2,500	$560	$500	$120
6. Travel	$799	$500	$1,290	$358	$6,000	$750	$750	$358
7. Software	$200	$200	$200	$0	$1,200	$0	$0	$100
8. (a) Other - Marketing/Communications	$150	$150	$250	$100	$1,974	$250	$100	$100
8. (b) Other - Education and Training	$150	$150	$250	$123	$3,500	$250	$100	$100
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,553	$1,738	$2,285	$313	$6,484	$0	$736	$835
Other (Occupancy)	$1,142	$826	$1,295	$275	$5,610	$0	$408	$408
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$100	$100	$100	$0		$427	$100	$100
Total Direct Costs	$45,483	$27,282	$41,760	$9,091	$184,925	$22,728	$13,682	$13,995
Total Indirect Costs	$4,536	$2,718	$4,165	$909	$18,162	$2,273	$1,318	$1,005
Subtotals	$50,000	$30,000	$45,925	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$394,012

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Contractor Initials

6/7/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way - Carroll County*
Budget Request for: *Regional Public Health Services*
Budget Period *SFY24 (July 1, 2023 - June 30, 2024)*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$27,179	$17,904	$27,179	$5,700	$117,046	$7,452
2. Fringe Benefits	$7,610	$5,013	$7,610	$1,596	$32,773	$2,085
3. Consultants	$4,980	$301	$100	$100	$1,838	$100
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$100	$100	$100	$0	$3,000	$100
5.(a) Supplies - Educational	$500	$150	$100	$250	$2,000	$250
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$500	$0	$500	$0	$0	$1,000
5.(e) Supplies Office	$500	$150	$500	$276	$2,500	$500
6. Travel	$799	$500	$1,290	$358	$6,000	$750
7. Software	$200	$200	$200	$0	$1,200	$0
8. (a) Other - Marketing/Communications	$150	$150	$250	$100	$1,974	$100
8. (b) Other - Education and Training	$150	$150	$250	$123	$3,500	$100
8. (c) Other - Other (specify below)						
Other (Expenses)	$1,553	$1,738	$2,285	$313	$6,484	$736
Other (Occupancy)	$1,142	$826	$1,295	$275	$5,610	$408
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$100	$100	$100	$0	$1,000	$100
Total Direct Costs	$45,463	$27,282	$41,760	$9,091	$184,925	$13,682
Total Indirect Costs	$4,536	$2,718	$4,165	$909	$18,162	$1,318
Subtotals	$50,000	$30,000	$45,925	$10,000	$203,087	$15,000
TOTAL						$354,012

Contractor Initials PT
Date 6/7/2022

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way - South Central*
Budget Request for: *Regional Public Health Services*
Budget Period: *SFY23 (July 1, 2022 - June 30, 2023)*
Indirect Cost Rate (if applicable): 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$1,760	$0	$3,521	$587	$8,215	$587	$587	$8,988
2. Fringe Benefits	$704	$0	$1,194	$92	$1,915	$184	$142	$2,517
3. Consultants	$15,600	$0	$100	$100	$1,000	$500	$3,845	$100
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$0	$100	$0	$2,000	$0	$500	$100
5.(a) Supplies - Educational	$500	$0	$0	$100	$240	$560	$250	$100
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$0	$0	$0	$0	$1,000	$100
5.(e) Supplies Office	$1,000	$0	$240	$100	$240	$560	$500	$100
6. Travel	$2,000	$0	$250	$200	$140	$750	$750	$833
7. Software	$200	$0	$200	$0	$200	$0	$0	$100
8. (a) Other - Marketing/Communications	$500	$0	$250	$100	$250	$500	$100	$100
8. (b) Other - Education and Training	$500	$0	$250	$123	$250	$500	$100	$100
8. (c) Other - Other (specify below)								
Other (Expenses)	$1,230	$0	$2,285	$110	$2,385	$280	$540	$617
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$16,891	$0	$79,442	$7,579	$167,988	$18,326	$5,368	$100
Total Direct Costs	$45,655	$30,000	$87,832	$9,091	$184,824	$22,727	$13,682	$13,655
Total Indirect Costs	$4,345	$0	$8,772	$909	$18,262	$2,273	$1,318	$1,345
Subtotals	$50,000	$30,000	$96,604	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$444,691

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Contractor Initials

6/7/2022

Date

New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way - South Central*

Budget Request for: *Regional Public Health Services*

Budget Period: *SFY24 (July 1, 2023 - June 30, 2024)*

Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$1,760	$0	$3,521	$587	$8,215	$587
2. Fringe Benefits	$704	$0	$1,194	$92	$1,915	$142
3. Consultants	$15,600	$0	$100	$100	$1,000	$3,845
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$2,000	$0	$100	$0	$2,000	$500
5.(a) Supplies - Educational	$500	$0	$0	$100	$240	$250
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$0	$0	$0	$1,000
5.(e) Supplies Office	$1,000	$0	$240	$100	$240	$500
6. Travel	$2,000	$0	$250	$200	$140	$750
7. Software	$200	$0	$200	$0	$200	$0
8. (a) Other - Marketing/Communications	$500	$0	$250	$100	$250	$100
8. (b) Other - Education and Training	$500	$0	$250	$123	$250	$100
8. (c) Other - Other (specify below)						
Other (Expenses)	$1,230	$0	$2,285	$110	$2,385	$540
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$16,891	$0	$79,442	$7,579	$167,988	$5,368
Total Direct Costs	$45,655	$30,000	$87,832	$9,091	$184,824	$13,682
Total Indirect Costs	$4,345	$0	$8,772	$909	$18,262	$1,318
Subtotals	$50,000	$30,000	$96,604	$10,000	$203,087	$15,000
TOTAL						$404,691

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Contractor Initials

Date 6/7/2022

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

Vendor Initials DS PT

Date 6/7/2022

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: Granite United Way

DocuSigned by:
Patrick Tufts
[illegible]

6/7/2022
Date

Name: Patrick Tufts
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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Granite United Way

6/7/2022
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

Vendor Initials PT
Date 6/7/2022

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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Contractor Initials _____

6/7/2022
Date _____

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Granite United Way

6/7/2022
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

DS PT

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.

DS PT

New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

Contractor Name: Granite United Way

6/7/2022
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

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: Granite United Way

6/7/2022
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

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, TitleXIII, 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.

PT

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

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:

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

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

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

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

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

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 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.

Contractor Initials PT

Date 6/7/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Granite United Way
The State by: Patricia M. Tilley	Name of the Contractor Patrick Tufts
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Patrick Tufts
Name of Authorized Representative	Name of Authorized Representative
Director	President
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/7/2022
Date	Date

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: Granite United Way

6/7/2022
Date

DocuSigned by:
Patrick Tufts
Name: Patrick Tufts
Title: President

FORM A

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

1. The DUNS number for your entity is: 156484990

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

DS PT

Contractor Initials _____

6/7/2022

Date _____

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Greater Seacoast Community Health ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $988,185

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 95% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031,

      1.2. 5% General funds.

3. Modify Exhibit C, Payment Terms, Section 3, to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in this

fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, 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 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

1/11/2023
Date

DocuSigned by:
Patricia M. Tilley
846FB38F5BFD4D8...
Name: Patricia M. Tilley
Title: Director

Greater Seacoast Community Health

1/11/2023
Date

DocuSigned by:
Janet Laatsch
487E178DD2E74E0...
Name: Janet Laatsch
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

1/11/2023
Date

DocuSigned by:
Robyn Guarino
74873484494146D...
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:

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New Hampshire Department of Health and Human Service:

Complete one budget form for each budget period.

Contractor Name: *Greater Seacoast Community Health*

Budget Request for: *RPHS-Strafford County*

Budget Period *Upon G & C Approval through June 30, 2023*

Indirect Cost Rate (if applicable) 0.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$0	$18,720	$21,241		$114,240	$0	$7,730	$57,080
2. Fringe Benefits	$0	$4,118	$4,676		$28,560	$0	$1,701	$12,558
3. Consultants	$0	$1,000	$0		$7,500	$5,000	$0	$15,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$5,000		$0	$0	$0	$5,400
5.(a) Supplies - Educational	$0	$0			$2,000	$1,000	$0	$5,000
5.(b) Supplies - Lab	$0	$0			$0	$0	$0	$1,000
5.(c) Supplies - Pharmacy	$0	$0			$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$1,071		$0	$5,000	$1,868	$5,000
5.(e) Supplies Office	$0	$512	$250		$3,287	$1,500	$1,000	$5,149
6. Travel	$0	$150			$5,000		$351	$2,000
7. Software	$0	$250			$500	$0	$0	$5,000
8. (a) Other - Marketing/Communicatic	$0	$1,500			$10,000	$10,000	$500	$5,000
8. (b) Other - Education and Training	$0	$1,000	$500		$10,000	$2,500	$100	$10,000
8. (c) Other - Other (specify below)								
Other (Occupacy)	$0	$2,750			$12,000	$0	$0	
Other (Food for Meeting and Trai	$0	$0			$10,000	$0	$0	
Other (please specify)	$0	$0	$0		$0	$0	$0	
Other (please specify)	$0	$0	$0		$0	$0	$0	
9. Subrecipient Contracts	$50,000	$0	$71,677	$10,000	$0	$0	$1,750	$10,000
Total Direct Costs	$50,000	$30,000	$104,412	$10,000	$203,087	$25,000	$15,000	$138,187
Total Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0
Subtotals	**$50,000**	**$30,000**	**$104,412**	**$10,000**	**$203,087**	**$25,000**	**$15,000**	**$138,187**
							TOTAL	$575,686

Contractor Initials DS

Date 1/11/2023

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65587**

Certificate Number: **0005744263**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 1st day of April A.D. 2022.

William M. Gardner

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Jennifer Glidden, Chair, of Greater Seacoast Community Health hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Greater Seacoast Community Health.

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 April 28th, 2022 at which a quorum of the Directors/shareholders were present and voting.

   VOTED: the Janet Laatsch

   Is duly authorized on behalf of Greater Seacoast Community Health to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and amendments, revisions, or modifications thereto, which may in his/her judgement be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repeated and remain in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. The 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:
01/09/2023



Jennifer Glidden
Chair

GOODCOM-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/24/2023

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).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
INSURED Greater Seacoast Community Health, Inc. dba Goodwin Community Health, Families First SOS Community Organization, Lilac City Pediatrics 311 Route 108 Somersworth, NH 03878	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Selective Insurance Co of South Carolina — 19259 INSURER B : Technology Insurance Company — 42376 INSURER C : AIX Specialty Insurance Co — 12833 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			S 2439491	12/1/2022	12/1/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 10,000 $ Included $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			S 2439491	12/1/2022	12/1/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			S 2439491	12/1/2022	12/1/2023	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC4193554	1/1/2023	1/1/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Medical Professional			L3V-A671986-08	1/1/2023	1/1/2024	Each Incident	1,000,000
C	Medical Professional			L3V-A671986-08	1/1/2023	1/1/2024	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

NH Department of Health and Human Services
Contracts and Procurement Unit
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Margie Ruth

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Greater Seacoast Community Health

Mission

"To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay."

Board Approved on 6-25-2018

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BerryDunn

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

December 31, 2021 and 2020

With Independent Auditor's Report

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheets as of December 31, 2021 and 2020, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2021 and 2020, and the results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with U.S. generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

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Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 23, 2022 on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 23, 2022

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2021 and 2020

ASSETS

	2021	2020
Current assets		
Cash and cash equivalents	$ 9,428,603	$ 8,238,071
Patient accounts receivable	946,289	898,514
Grant and other receivables	826,005	1,149,771
Pledges receivable	379,166	289,104
Inventory	84,243	134,597
Other current assets	80,195	156,514
Total current assets	11,744,501	10,866,571
Investments	2,248,099	1,997,275
Pledges receivable, less of current pledges	-	135,333
Assets limited as to use	1,513,872	1,361,054
Property and equipment, net	6,763,858	5,938,040
Total assets	$ 22,270,330	$20,298,273

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 499,922	$ 283,102
Accrued payroll and related expenses	1,123,883	955,457
Patient deposits	171,291	152,926
Deferred revenue	219,339	116,450
Provider Relief Funds refundable advance	-	221,102
Paycheck Protection Program refundable advance	-	1,479,000
Current maturities of long-term debt	27,925	27,304
Total current liabilities	2,042,360	3,235,341
Long-term debt, less current maturities	233,911	261,836
Total liabilities	2,276,271	3,497,177
Net assets		
Without donor restrictions	16,051,868	13,990,441
With donor restrictions	3,942,191	2,810,655
Total net assets	19,994,059	16,801,096
Total liabilities and net assets	$22,270,330	$20,298,273

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2021 and 2020

	2021	2020
Operating revenue and support		
Net patient service revenue	$12,147,244	$11,793,485
Grants, contracts, and contributions	9,502,562	9,317,881
Provider Relief Fund	221,102	-
Paycheck Protection Program	1,479,000	-
Other operating revenue	476,334	448,537
Net assets released from restriction for operations	193,959	171,899
Total operating revenue and support	24,020,201	21,731,802
Operating expenses		
Salaries and wages	13,671,440	12,571,717
Employee benefits	2,524,515	2,255,496
Contracted services	1,075,563	985,228
Program supplies	1,980,697	1,519,931
Information technology	641,007	755,828
Occupancy	820,794	786,296
Other	1,326,186	1,276,901
Depreciation	307,683	286,651
Interest expense	6,225	3,111
Total operating expenses	22,354,110	20,441,159
Operating income	1,666,091	1,290,643
Other revenue		
Investment income	92,870	50,806
Change in fair value of investments	134,629	166,963
Total other revenue	227,499	217,769
Excess of revenue over expenses	1,893,590	1,508,412
Grants received for capital acquisition	167,837	69,701
Net assets released from restriction for capital acquisition	-	32,969
Increase in net assets without donor restrictions	$ 2,061,427	$ 1,611,082

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2021 and 2020

	2021	2020
Net assets without donor restrictions		
Excess of revenue over expenses	$ 1,893,590	$ 1,508,412
Grants received for capital acquisition	167,837	69,701
Net assets released from restriction for capital acquisition	-	32,969
Increase in net assets without donor restrictions	2,061,427	1,611,082
Net assets with donor restrictions		
Contributions	1,127,393	1,098,894
Investment income	44,850	28,158
Change in fair value of investments	153,252	129,596
Net assets released from restriction for operations	(193,959)	(171,899)
Net assets released from restriction for capital acquisition	-	(32,969)
Increase in net assets with donor restrictions	1,131,536	1,051,780
Change in net assets	3,192,963	2,662,862
Net assets, beginning of year	16,801,096	14,138,234
Net assets, end of year	$19,994,059	$16,801,096

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2021 and 2020

	2021	2020
Cash flows from operating activities		
Change in net assets	**$ 3,192,963**	$ 2,662,862
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	**307,683**	286,651
Change in fair value of investments	**(287,881)**	(296,559)
Grants and contributions for long-term purposes	**(1,859,630)**	(1,144,139)
Decrease (Increase) in		
Patient accounts receivable	**(47,775)**	196,741
Grant and other receivables	**323,766**	(386,288)
Pledges receivable	**700**	29,425
Inventory	**50,354**	(34,169)
Other current assets	**76,319**	(103,372)
Increase (decrease) in		
Accounts payable and accrued expenses	**216,820**	82,653
Accrued payroll and related expenses	**168,426**	(244,255)
Patient deposits	**18,365**	15,687
Deferred revenue	**102,889**	69,822
Provider Relief Funds refundable advance	**(221,102)**	221,102
Paycheck Protection Program refundable advance	**(1,479,000)**	1,479,000
Net cash provided by operating activities	**562,897**	2,835,161
Cash flows from investing activities		
Capital acquisitions	**(1,133,501)**	(440,161)
Proceeds from sale of investments	**78,398**	683,784
Purchase of investments	**(194,159)**	(749,704)
Net cash used by investing activities	**(1,249,262)**	(506,081)
Cash flows from financing activities		
Grants and contributions for long-term purposes	**1,904,201**	723,902
Proceeds from long-term debt	**-**	300,000
Payments on long-term debt	**(27,304)**	(10,860)
Net cash provided by financing activities	**1,876,897**	1,013,042
Net increase in cash and cash equivalents	**1,190,532**	3,342,122
Cash and cash equivalents, beginning of year	**8,238,071**	4,895,949
Cash and cash equivalents, end of year	**$ 9,428,603**	$ 8,238,071
Supplemental disclosures of cash flow information		
Cash paid for interest	**$ 6,225**	$ 3,111

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

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Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center, Goodwin Community Health, and Lilac City Pediatrics, providing healthcare services to individuals living within the greater seacoast area.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

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

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

Use of Estimates

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

Income Taxes

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

COVID-19

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the Centers for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. All providers received the necessary equipment to allow for medical and behavioral health visits using telehealth. Dental operations were curtailed for a period of time in 2020 and resumed operations at reduced levels which subsequently returned to more normal operations during 2021.

The Organization received distributions totaling $221,102 from the Provider Relief Fund (PRF), a fund established to support healthcare providers in responding to the COVID-19 outbreak, in 2020. The PRF is being administered by the U.S. Department of Health and Human Services (HHS) and is to be used for qualifying expenses and to cover lost revenue due to COVID-19 through June 30, 2021. The PRF is considered a conditional contribution and is recognized as income when qualifying expenditures or lost revenues have been incurred. Unexpended funds are reported as refundable advances on the balance sheet as of December 31, 2020. The Organization identified qualifying expenditures $221,102 during the year ended December 31, 2021.

The Organization qualified for and received a loan in the amount of $1,479,000 from the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA). The principal amount of the PPP was subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The PPP is considered a conditional contribution and is recognized as income when qualifying expenditures have been incurred and management has determined the conditions of forgiveness have substantially been met. The PPP was fully forgiven by the SBA and the lender on September 17, 2021.

The various COVID-19 programs are complex and subject to interpretation. The programs may be subject to future investigation by governmental agencies. Any difference between amounts previously recognized and amounts subsequently determined to be recoverable or payable are adjusted in future periods as adjustments become known.

Cash and Cash Equivalents

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

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

Net patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligations for medical, dental and ancillary services from the commencement of an encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. Contract pharmacy services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator. The Organization's performance obligations are satisfied at a point in time.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Payer concentrations are disclosed in Note 9.

The Organization bills the patients and third-party payers several days after the services are performed. A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services provided to patients are reimbursed based on predetermined payment rates for each Current Procedural Terminology (CPT) code, which may be less than the Organization's public fee schedule.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services provided to patients based on prospectively set rates for all FQHC services furnished to a Medicaid beneficiary on the same day when an FQHC furnishes a face-to-face or virtual visit. Certain other services, including dental services, provided to patients are reimbursed based on predetermined payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each CPT code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program was approximately $1,066,556 and $1,050,470 for the years ended December 31, 2021 and 2020, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants and local support.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. The Organization purchases drugs at a reduced price to replenish the contract pharmacies for the drugs they dispense to the Organization's patients. The contract pharmacies remit the payments they receive to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable at January 1, 2020 were $1,095,255.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2021	2020
Governmental plans		
Medicare	8 %	7 %
Medicaid	34 %	29 %
Commercial payers	36 %	45 %
Patient	22 %	19 %
Total	100 %	100 %

Grant and Other Receivables, and Deferred Revenue

Grant and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from HHS. For the years ended December 31, 2021 and 2020, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 67% and 64%, respectively, of the total of Grants, contracts, and contributions and Provider Relief Fund.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization has been awarded cost reimbursable grants from HHS that have not been recognized at December 31, 2021 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 1,264,569	April 30, 2022
Integrated Behavioral Health Services	111,333	April 30, 2022
Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding	44,478	March 31, 2023
FY 2020 Expanding Capacity for Coronavirus Testing	60,863	April 30, 2023
Expanded Medication Assisted Treatment for Vulnerable Populations	146,190	September 30, 2022
American Rescue Plan Act Funds	2,744,237	March 31, 2023
Total HHS grant funds available	$ 4,371,670	

The Organization also was awarded a Health Center Infrastructure Support capital grant in the amount of $675,263, which is available for use for approved capital projects through September 14, 2024. The Organization intends to use the majority of this grant for the alteration/renovation of the Organization's Somersworth, New Hampshire facility to accommodate the expansion of primary care and behavioral health care.

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments and Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 8.

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

The Organization has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and losses section of the statements of operations. The election was made because the Organization believes reporting the activity in a single performance indicator provides a clearer measure of the investment performance. Accordingly, investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law.

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

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Patient Deposits

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

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

The Organization reports gifts of property and equipment as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Excess of Revenue Over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 23, 2022, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and investments.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, were as follows at December 31:

	2021	2020
Cash and cash equivalents	$ 9,428,603	$ 8,238,071
Investments	2,248,099	1,997,275
Patient accounts receivable	946,289	898,514
Grant and other receivables	826,005	1,149,771
Less donor restricted assets	(451,518)	(448,711)
Financial assets available for current use	$12,997,478	$11,834,920

The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 156 and 149 at December 31, 2021 and 2020, respectively. The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration (commonly known as HRSA) recommended days cash and cash equivalents on hand for operations of 30 days.

3. Pledges Receivable

Pledges receivable are restricted for capital projects and are due as follows:

	2021	2020
Less than one year	$ 379,166	$ 289,104
One to five years	-	135,333
Total	$ 379,166	$ 424,437

4. Investments and Assets Limited as to Use

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

	2021	2020
Long-term investments	$ 2,248,099	$ 1,997,275
Assets limited as to use	1,513,872	1,361,054
Total investments	$ 3,761,971	$ 3,358,329

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

	2021	2020
Assets held in trust under Section 457(b) deferred compensation plans	$ 57,391	$ 44,809
Assets with donor restrictions	1,456,481	1,316,245
Total	$ 1,513,872	$ 1,361,054

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

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

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

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

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

	Investments at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 125,737	$ -	$ -	$ 125,737
Municipal bonds	-	158,269	-	158,269
Exchange traded funds	1,359,909	-	-	1,359,909
Mutual funds	2,118,056	-	-	2,118,056
Total investments	$ 3,603,702	$ 158,269	$ -	$ 3,761,971

	Investments at Fair Value as of December 31, 2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 374,694	$ -	$ -	$ 374,694
Municipal bonds	-	165,125	-	165,125
Exchange traded funds	506,873	-	-	506,873
Mutual funds	2,311,637	-	-	2,311,637
Total investments	$ 3,193,204	$ 165,125	$ -	$ 3,358,329

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

5. Property and Equipment

Property and equipment consisted of the following:

	2021	2020
Land	$ 718,427	$ 718,427
Building and improvements	5,949,854	5,943,273
Leasehold improvements	179,963	327,532
Furniture, fixtures, and equipment	2,864,516	2,734,113
Construction in progress	1,152,081	269,161
Total cost	10,864,841	9,992,506
Less accumulated depreciation	4,100,983	4,054,466
Property and equipment, net	$ 6,763,858	$ 5,938,040

Construction in progress primarily relates to the Organization's portion of costs associated with the build of a new facility in Portsmouth, New Hampshire, which is being constructed by another party and will be leased to the Organization. The Organization's total share of the project costs was $1,040,000, plus furniture and equipment and was completed in February 2022.

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

6. Long-Term Debt

Long-term debt consists of the following at December 31:

	2021	2020
2.25% promissory note payable to New Hampshire Health and Education Facilities Authority through July 2030, paid in monthly installments of $2,794, including interest. Note is uncollateralized.	$ 261,836	$ 289,140
Less current portion	27,925	27,304
Long-term debt, less current portion	$ 233,911	$ 261,836

Maturities of long-term debt for the next five years are as follows at December 31:

2022	$ 27,925
2023	28,560
2024	29,209
2025	29,873
2026	30,552
Thereafter	115,717
Total	$ 261,836

7. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	2021	2020
Specific purpose (temporary in nature)		
Program services	$ 451,518	$ 448,711
Construction of new facility	1,655,026	621,232
Pledges receivable for construction of new facility	375,666	420,267
Passage of time (temporary in nature)		
Pledges receivable	3,500	4,200
Earnings from endowment investments	586,803	446,567
Held in perpetuity (permanent in nature)		
Endowment	869,678	869,678
Total	$ 3,942,191	$ 2,810,655

Net assets released from net assets with donor restrictions were as follows at December 31:

	2021	2020
Satisfaction of purpose - program services	$ 39,143	$ 48,514
Satisfaction of purpose - purchase of capital assets	-	32,969
Passage of time - pledges receivable	96,950	54,586
Passage of time - endowment earnings	57,866	68,799
Total	$ 193,959	$ 204,868

8. Endowments

Interpretation of Relevant Law

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

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

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

Spending Policy

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

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2021 and 2020.

Return Objectives and Risk Parameters

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

Strategies Employed for Achieving Objectives

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

Endowment Net Asset Composition by Type of Fund

The Organization's endowment consists of assets with donor restrictions only and had the following related activities at December 31:

	2021	2020
Endowments, beginning of year	$ 1,316,245	$ 1,585,562
Investment income	44,850	28,158
Change in fair value of investments	153,252	129,596
Spending policy appropriations	(57,866)	(68,799)
Reclassification due to change in purpose restriction	-	(358,272)
Endowments, end of year	$ 1,456,481	$ 1,316,245

During 2020, the Organization petitioned for and received approval for a change in the intent of one of the Organization's endowment donations so the funds can be used to offset costs associated with the construction of a new facility in Portsmouth, New Hampshire. As a result, the endowment principal was reclassified from net assets with donor restrictions to be held in perpetuity to net assets with donor restrictions with specific purposes.

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2021 and 2020

9. Net Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	2021		
	Medical, Behavioral Health and Dental Services	**Pharmacy Services**	**Total**
Governmental payers			
Medicare	**$ 762,586**	**$ -**	**$ 762,586**
Medicaid	**5,226,275**	**277,925**	**5,504,200**
Commercial payers	**2,842,725**	**929,547**	**3,772,272**
Patient	**288,321**	**136,482**	**424,803**
Net direct patient service revenue	**9,119,907**	**1,343,954**	**10,463,861**
340B contract pharmacy revenue	**-**	**1,683,383**	**1,683,383**
Net patient service revenue	**$ 9,119,907**	**$ 3,027,337**	**$ 12,147,244**

	2020		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 753,938	$ -	$ 753,938
Medicaid	5,256,020	335,695	5,591,715
Commercial payers	2,603,757	545,735	3,149,492
Patient	442,767	182,912	625,679
Net direct patient service revenue	9,056,482	1,064,342	10,120,824
340B contract pharmacy revenue	-	1,672,661	1,672,661
Net patient service revenue	$ 9,056,482	$ 2,737,003	$ 11,793,485

10. Functional Expense

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature. Expenses related to providing these services are as follows:

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2021				
Salaries and wages	**$ 11,626,356**	**$ 1,589,462**	**$ 455,622**	**$ 13,671,440**
Employee benefits	**2,146,878**	**293,504**	**84,133**	**2,524,515**
Contracted services	**901,023**	**165,775**	**8,765**	**1,075,563**
Program supplies	**1,980,697**	**-**	**-**	**1,980,697**
Information technology	**545,120**	**74,524**	**21,363**	**641,007**
Occupancy	**698,013**	**95,427**	**27,354**	**820,794**
Other	**1,127,805**	**154,183**	**44,198**	**1,326,186**
Depreciation	**261,657**	**35,772**	**10,254**	**307,683**
Interest expense	**5,294**	**724**	**207**	**6,225**
Total	**$ 19,292,843**	**$ 2,409,371**	**$ 651,896**	**$ 22,354,110**

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2020				
Salaries and wages	$ 10,678,936	$ 1,479,752	$ 413,029	$ 12,571,717
Employee benefits	1,915,912	265,482	74,102	2,255,496
Contract services	787,581	186,356	11,291	985,228
Program supplies	1,519,931	-	-	1,519,931
Information technology	642,032	88,964	24,832	755,828
Occupancy	667,912	92,551	25,833	786,296
Other	1,084,652	150,297	41,952	1,276,901
Depreciation	243,493	33,740	9,418	286,651
Interest expense	2,643	366	102	3,111
Total	$ 17,543,092	$ 2,297,508	$ 600,559	$ 20,441,159

11. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2021 and 2020, the Organization contributed $222,748 and $211,632, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2021. The balance of the deferred compensation plan amounted to $57,391 and $44,809 at December 31, 2021 and 2020, respectively.

12. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2021, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

13. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases, including the lease for the new Portsmouth facility which was occupied in February 2022, are as follows:

2022	$ 692,777
2023	494,060
2024	401,261
2025	364,805
2026	360,167
Thereafter	2,399,601
Total	$ 4,712,671

Rental expense amounted to $362,612 and $346,489 for the year ended December 31, 2021 and 2020, respectively.

14. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,323,285 and $1,071,367 for the years ended December 31, 2021 and 2020, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

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SUPPLEMENTARY INFORMATION

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2021

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
Direct			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 1,015,530
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,145,830
Total AL 93.224			2,161,360
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,063,823
Total Health Center Program Cluster			5,225,183
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		3,301
COVID-19 Provider Relief Fund	93.498		221,102
Direct			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		387,416
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	102-500731/92052410	65,117
Total AL 93.243			452,533
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	102-500731/90077028	
		074-500589/90077028	46,089
Public Health Emergency Preparedness	93.069	102-500731/90077410	31,089
Public Health Emergency Preparedness	93.069	102-500731/90036000	
		102-500731/90004100	4,082
Total AL 93.069			81,260
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	102-500731/90036000	
		102-500731/90004100	1,943
Immunization Cooperative Agreements	93.268	102-500731/90023010	12,728
Immunization Cooperative Agreements	93.268	102-500731/90023205	31,463
Total AL 93.268			44,191
COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	102-500731/90027027	22,585

The accompanying notes are an integral part of this schedule.

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended December 31, 2021

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
Promoting Safe and Stable Families	93.556	102-500734/42107306	14,122
Temporary Assistance for Needy Families	93.558	502-500891/45030206	116,599
Stephanie Tubbs Jones Child Welfare Services Program	93.645	102-500734/42106802	2,870
Social Services Block Grant	93.667	102-500731/93017858	14,706
Social Services Block Grant	93.667	102-500734/42106603	48,672
Total AL 93.667			63,378
National Bioterrorism Hospital Preparedness Program	93.889	102-500731/90077700	
		074-500589/90077700	12,822
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057502	59,554
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057504	29,592
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92058506	26,036
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/90001022	15,642
Total AL 93.959			130,824
Preventive Health and Health Services Block Grant	93.991	102-500731/92057502	
		074-500585/92057502	16,126
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080400	60,437
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90004009	11,013
Total AL 93.994			71,450
Total U.S. Department of Health and Human Services			6,480,289
U. S. Department of Agriculture			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Supplemental Nutrition Program for Women, Infants, and Children	10.557	102-500734	489,481
U.S. Department of Housing and Urban Development			
Pass-Through			
City of Portsmouth New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	10,125
U.S. Federal Communications Commission			
Pass-Through			
Community Health Access Network			
COVID-19 Telehealth Program	32.006	n/a	41,597
U.S. Department of Homeland Security			
Pass-Through			
State of New Hampshire Department of Health and Human Services			
COVID-19 Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	102-500731/95010690	
		103-502507/95010690	174,253
Total Federal Awards, All Programs			$ 7,195,745

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2021

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Greater Seacoast Community Health (the Organization) has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Greater Seacoast Community Health

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Greater Seacoast Community Health (the Organization), which comprise the balance sheet as of December 31, 2021, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 23, 2022.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

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Board of Directors
Greater Seacoast Community Health

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 23, 2022

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Greater Seacoast Community Health

Report on Compliance for the Major Federal Program

Opinion on the Major Federal Program

We have audited Greater Seacoast Community Health's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended December 31, 2021. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended December 31, 2021.

Basis for Opinion on the Major Federal Program

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for the major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Organization's federal programs.

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Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of the major federal program as a whole.

In performing an audit in accordance with U.S. generally accepted auditing standards, *Government Auditing Standards* and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Other Matters

The results of our auditing procedures disclosed instances of noncompliance which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as item 2021-001. Our opinion on the major federal program is not modified with respect to this matter.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the noncompliance findings identified in our audit described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

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Board of Directors
Greater Seacoast Community Health

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
May 23, 2022

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs

Year Ended December 31, 2021

Section 1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:			Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☑	Yes	☐	No

Identification of major programs:

Assistance Listing Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

Section 2. Financial Statement Findings

None

GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs (Continued)

Year Ended December 31, 2021

Section 3. Federal Award Findings and Questioned Costs

Finding Number:	2021-001
Finding Type:	Compliance - Special Tests and Provisions
Information on the Federal Program:	Program Name: Health Center Program Cluster (AL numbers 93.224 and 93.527) Grant Award: 5 H80CS04210-16 from May 1, 2020 through April 30, 2021 and 5 H80CS04210-17 from May 1, 2021 through April 30, 2022 Agency: U.S. Department of Health and Human Services, Health Resources and Services Administration Pass-Through Entity: N/A
Criteria:	In accordance with Section 330(k)(3)(G) of the PHS Act (42 U.S. Code § 254b), as an FQHC, the Organization must have a sliding fee discount program in which the Organization's fee schedule is discounted based on a patient's ability to pay.
Condition Found and Context:	The Organization has not applied sliding fee discounts to patient charges consistent with its sliding fee discount program. Through testing a statistically valid sample of transactions for the appropriate application of the Organization's sliding fee discount program to 25 individual patient balances, we noted the sliding fee discount applied was not consistent with the Organization's sliding fee discount policy for two dental patients. One patient qualified for a Category 2 discount based on income and family size but was awarded a Category 1 discount, which resulted in the patient paying $82 less than required under the program. One patient had dental service which included an outside lab fee, which is not subject to discount, and received an incorrect discount due to a system error with the calculation of the lab fee resulting in the patient paying $55 less than required under the program.
Cause and Effect:	The Organization has a complex dental sliding fee discount schedule which includes flat fee amounts for Category 1 patients and percentage discounts for the other discount categories as well as excluded outside lab fees. As a result of this complexity, the Organization has implemented monthly monitoring procedures which include the sampling of discounts provided to ensure the discounts were applied to patient accounts appropriately. The volume of discounts provided to patients annually does not allow for 100% review of all patient discounts and the inherent nature of sampling will not result in all errors will be identified and corrected. As a result, it is possible the Organization may not apply sliding fee discounts to patient charges consistent with its sliding fee discount program.

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Section 3. Federal Award Findings and Questioned Costs (Concluded)

Finding Number:	2021-001 (Concluded)
Questioned Costs:	None
Repeat Finding:	No
Recommendation:	We recommend management review the complexity of the Organization's dental sliding fee discount schedule and consider whether modifications to the scale would better allow the billing system to correctly apply sliding fee discounts to dental patients without the need for staff correction. We also recommend management consider increasing the number of dental transactions reviewed as part of the Organization's internal monitoring procedures.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding and will review the dental sliding fee discount schedule and internal monitoring procedures for opportunities for improvement to increase compliance with the program requirements.

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GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors
Calendar Year 2022

Name/Address	Phone/Email	Occupation
Chair Jennifer Glidden		DHHS Admin. Supervisor **Consumer**
Vice Chair Dennis Veilleux		Accounting Manager
Board Treasurer Jim Sepanski		Financial Executive
Board Secretary Don Chick		Photographer **Consumer**
Laura Belsky		Retired Nurse **Special Population**
Jody Hoffer Gittell		Professor **Consumer**
Valerie Goodwin		Retired Business **Consumer**
Abigail Sykas Karoutas		Attorney **Consumer**
Allison Neal		Education Consultant **Consumer**
Yulia Rothenberg		Education Consultant **Consumer**
Kathy Scheu		Medical/Laboratory Product Sales
Dan Schwarz		Retired Attorney **Consumer**
Jeffrey Segil, MD		Physician-OB/GYN
David B. Staples, DDS		Dentist **Consumer**

Lara D. Willard (formely Drolet)

[redacted]

[redacted]

▼ PROFILE

- Highly skilled, results-oriented professional with 18 years of proven leadership experience encompassing:
  - Healthcare Operations
  - Lead Spokesperson
  - Corporate Communications
  - Organizational Leadership
  - Public Affairs/Relations
  - Fundraising
  - Branding & Imaging
  - Strategic Planning
  - Trade Shows & Events
  - Non-Profit Organizations
- Consistently achieved or exceeded goals and performance milestones, and exceeded customer expectations.
- Effectively managed high profile, highly visible public relations and marketing campaigns that dramatically improved awareness and increased response rates.
- Outstanding communicator and negotiator with the ability to influence key decision-makers and justify new programs and initiatives.
- Friendly and outgoing with experience delivering executive level presentations and managing key accounts generating up to $1 million in annual sales.
- Excellent organizational, strategic planning, problem solving, analytical, training, team building, budgeting, and leadership skills.

▼ PROFESSIONAL EXPERIENCE

Chief Strategy Officer
GREATER SEACOAST COMMUNITY HEALTH, Somersworth, NH 2009 - Present
501(c) (3), FQHC Community Health Centers with 330 employees/16,000 patients.

- Supervise a 4-person Marketing and outreach team and a 3-person public health team.
- Strategic planning, marketing, branding, fundraising, internal and external communications, and community and public relations operations.
- Provide strategic counsel on crisis communications, company rebranding, growth strategies, and governmental support from elected officials.
- Oversee development of 100+ pieces of marketing literature, press releases, newsletters, and strategic communications per year.
- Ensure consistent messaging, content, and imaging including logos, brochures, posters, annual reports, event notices, billboards, and signage.
- Spearhead development of website and social media content. Facilitated 20-30% annual increase in web, Facebook, and LinkedIn traffic.
- Direct a diverse array of special events, promotions, and fundraisers.
- Doubled participation and fundraising dollars generated from 5K Road Race, Film Festival, Legislative Breakfasts, and Annual Donor Appeal.
- Increased annual fundraising by 550% (from $60,000 to $400,000).
- Sourced and developed new funding sources, securing $6 million national grant to construct a central facility. Manage marketing/outreach component of up to 15 large grants per year.
- Managed major re-branding / re-imaging campaign including all literature, web content, social media, advertising, and media communications.
- Aided in consolidating 4 locations into a new facility. Led marketing campaign that expanded patient base from 6,000 to 9,000 patients.
- Actively participated in numerous chambers of commerce, networking groups, and health care associations.
- Consistently achieved or exceeded performance and productivity goals in business development, fundraising, and patient growth.

Marketing & Communications Consultant
LDW PUBLIC RELATIONS, Somersworth, NH 2000 - 2013
A public relations, marketing, and advertising consulting firm.

- Built client base of 10 key accounts including public relations agencies, start-ups, small businesses, corporations, and non-profits.
- Managed programs for Juniper Networks, Telx, Lineage Power, Hockey.com, and General Linen Service.
- Enhanced creativity, professionalism, and frequency of outbound marketing/communications and public relations efforts.
- Promoted and marketed venture capital funding, new store openings, acquisitions, web casts, and celebrity endorsements.
- Drove brand awareness and message consistency. Created fresh and compelling copy for websites, catalogs, speeches, releases, and collateral.
- Increased exposure and feature news stories through top media outlets including *Wall Street Journal*, *Forbes*, Associated Press, and ESPN.
- Conducted varied media training with top company executives.

▼ EDUCATION

JOHNSON & WALES UNIVERSITY, Providence, RI

- B.S. degree, Advertising & Communications
- A.S. degree, Advertising & Public Relations
- Trimester in The Hague studying Development of the European Community
- Copywriting Internship; Brown University 95.5 FM WBRU

▼ COMMUNITY

- Board of Directors, President, Greater Somersworth Chamber of Commerce
- Passenger Rail Advisory Committee, City of Somersworth
- Founding Board Member, Dover Race Series
- Marketing Committee Chair, ONE Voice Opioid Misuse Task Force
- Strategic Communications Committee, Bi-State Primary Care Association

▼ PROFESSIONAL EXPERIENCE (CONTINUED)

Executive Director
SOMERSWORTH MAIN STREET, INC., Somersworth, NH 2001 - 2004
A 501(c)(3) nonprofit organization focused on downtown commercial revitalization.

- Founded an organization to renovate and rejuvenate the downtown, Main Street, riverfront, and historic district in a town with 12,000 residents.
- Chaired Volunteer Board and led a team of 150+ volunteers.
- Researched and obtained grants. Regulated a $300,000+ annual budget.
- Helped facilitate local business allocation, tax credits, and reinvestment of $2 million for building renovation and revitalization projects.
- Energized local planning, historic preservation, economic development, design, real estate development, and beautification programs.
- Developed and implemented strategic marketing and public relations programs, fundraisers, public planning sessions, promotions, and events.

Public Relations Manager / Public Relations Specialist
CABLETON SYSTEMS, Manchester, NH 1997 - 2000
The $65 million Aprisma software division later acquired by CA Technologies.

- Led branding and naming effort to create corporate and solutions identity package.
- Served on leadership team that established Aprisma as an independent entity and drove annual revenue from $12 to $65 million in 2 years.
- Contributed to major campaigns and initiatives that increased North American brand awareness by 65% in first year.
- Oversaw Public Relations program throughout North American operations.
- Supervised 2 internal staff members and managed outsourced projects completed by 5 external graphic design and production agencies.
- Contributed to development of public relations plans, corporate communications, and trade show budgets of $250,000+.
- Worked with product marketing and launch teams for multi-million dollar product launches. Supported 20+ national trade shows per year.
- Managed development, editing, and distribution of press materials, speeches, scripts, web content, and corporate messaging.
- Consistently delivered excellent and measurable results with trade and business media and leading industry analysts.
- Coordinated complex media events, trade shows, and press tours.
- Led global public relations activities including branding, public/analyst relations, lead generation, events, and sales support activities.

Assistant Account Executive
THE WEBER GROUP, INC., Nashua, NH 1996 - 1997
A $500 million global public relations agency now known as Weber Shandwick.

- Consistently met and surpassed client expectations at a world class public relations agency.
- Wrote, edited, pitched, brainstormed, and created campaign ideas to meet strict project deadlines.
- Supervised, trained, and motivated interns and account coordinators.
- Developed and maintained editorial and speaking calendars to generate client exposure.
- Cultivated and grew relationships with key clients including 3Com and DCI.

Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills.

Education

September 1998 – May 2002 **Bachelor of Science in Health Management & Policy**
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

July 2011 – Present **Chief Financial Officer**
Goodwin Community Health

- Responsible for financial oversight of center to include supervision of accountant, bookkeeper, billing department and all clinical administrative staff.
- Assist Executive Director in budgeting process each fiscal year for center.
- Generate and assist with financial aspects of all center grants received.
- Complete on an as needed basis finance analysis's of various agency programs.
- Participate in agency fiscal audit at the end of each fiscal year.
- Member of Board of Directors level Finance Committee

August 2006 – June 2011 **Service Expansion Director**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – August 2006 **Site Manager, Dover Location & Front Office Manager**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.
- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – January 2010 **Dental Coordinator**
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.
- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.

- Coordinate grant fund requirements to multiple agencies on a quarterly basis.
- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004 **Administrative Assistant to Medical Director**
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004 **Billing Associate**
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002 **Billing Associate**
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002 **Building Manager**
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

Refcrences

Available upon request

JANET M. LAATSCH

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Greater Seacoast Community Health, **2018-Present**
Somersworth, Portsmouth, Rochester, NH
Chief Executive Officer

Accomplishments:

- Successful merger of two FQHC's and one private practice in 2018
- Secured a new location for Portsmouth by 6/30/21
- Improved sustainability of the Portsmouth and Rochester locations
- Increased retention rate to 98% in 2019 and 2020

Goodwin Community Health (GCH)
Somersworth, NH
Chief Executive Officer **2005-2018**

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over $7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director **2002-2005**

Accomplishments:

- Brought in over $3.0 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program

- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds
- Oversee human resource functions of the organization

Grant Writer/Per Diem Nurse **2001-2002**

Grant Writing Services,
N. Hampton, NH
Sole Proprietor **1999-2001**

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over $150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

North Shore Medical Center (Partners Health Care) **1991-1999**
Salem, MA
Acting Chief Operations Officer for the
North Shore Community Health Center **1997-1999**

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire:	M.B.A.	
Durham, N.H.	Concentration in Finance	**1991**
Northern Michigan University:	B.S.N.	
Marquette, M.I.	Minor in Biology	**1981**

LICENSES/CERTIFICATES:

Real Estate Broker
N.H. Nursing License

PROFESIONAL:
Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slotted for President in 2011

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Greater Seacoast Community Health

Regional Public Health Network
Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	$230,006	0%	$0
Erin Ross	Chief Financial Officer	$167,003	0%	$0
Lara Drolet	Chief Strategy Officer & Public Health Director	$118,778	5%	$5,938.90

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41

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
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June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**
***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREONESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** 2/10/2022

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — **Award Date:** TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021
CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way - South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022
CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** 3/31/2021

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** **5/17/2021**

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 185635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — **Award Date:** 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — **Award Date:** 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-03)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Greater Seacoast Community Health		1.4 Contractor Address 311 Route 108, Somersworth, NH 03878	
1.5 Contractor Phone Number (603) 749-2346	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $864,998
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Janet Laatsch Date: 6/7/2022		1.12 Name and Title of Contractor Signatory Janet Laatsch CEO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/7/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino On: 6/7/2022			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials DS
Date 6/7/2022

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.

Contractor Initials DS

Date 6/7/2022

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 omissions of the

Contractor Initials JL

Date 6/7/2022

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.

Contractor Initials DS

Date 6/7/2022

DocuSign Envelope ID: B4806681-9E49-4597-8AC7-70CD93451339

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Strafford County region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

		ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).
	1.2.14.1.2.2.	Complete a technical assistance needs assessment.
	1.2.14.1.2.3.	Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.
1.2.14.1.3.	Substance Misuse Prevention Coordination and Continuum of Care Facilitation	
	1.2.14.1.3.1.	Attend community of practice meetings and/or activities.
	1.2.14.1.3.2.	Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.
	1.2.14.1.3.3.	Attend all regularly scheduled RPHN substance misuse meetings.
	1.2.14.1.3.4.	Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. <u>School-Based Clinics</u>

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 94% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 6% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   4.3. Identifies and requests payment for allowable costs incurred in the previous month.

   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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

Complete one budget form for each budget period.

Contractor Name: *Greater Seacoast Community Health*

Budget Request for: *RPHS-Strafford County*

Budget Period *July 1, 2022-June 30, 2023*

Indirect Cost Rate (if applicable) 0.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$0	$18,720	$21,241		$114,240	$0	$7,730	$12,300
2. Fringe Benefits	$0	$4,118	$4,673		$28,560	$0	$1,701	$2,700
3. Consultants	$0	$1,000	$0		$7,500	$5,000	$0	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$5,000		$0	$0	$0	
5.(a) Supplies - Educational	$0	$0			$2,000	$1,000	$0	
5.(b) Supplies - Lab	$0	$0			$0	$0	$0	
5.(c) Supplies - Pharmacy	$0	$0			$0	$0	$0	
5.(d) Supplies - Medical	$0	$0	$1,071		$0	$5,000	$1,868	
5.(e) Supplies Office	$0	$512	$250		$3,287	$1,500	$1,000	
6. Travel	$0	$150			$5,000		$351	
7. Software	$0	$250			$500	$0	$0	
8. (a) Other - Marketing/Communications	$0	$1,500			$10,000	$10,000	$500	
8. (b) Other - Education and Training	$0	$1,000	$500		$10,000	$2,500	$100	
8. (c) Other - Other (specify below)								
Other (Occupancy)	$0	$2,750			$12,000	$0	$0	
Other (Food for Meeting and Trainings)	$0	$0			$10,000	$0	$0	
Other (please specify)	$0	$0	$0		$0	$0	$0	
Other (please specify)	$0	$0	$0		$0	$0	$0	
9. Subrecipient Contracts	$50,000	$0	$71,677	$10,000	$0	$0	$1,750	
Total Direct Costs	$50,000	$30,000	$104,412	$10,000	$203,087	$25,000	$15,000	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$104,412	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$452,499

DS

Contractor Initials

6/7/2022

Date

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Greater Seacoast Community Health*

Budget Request for: *RPHS-Strafford County*

Budget Period: *July 1, 2023-June 30, 2024*

Indirect Cost Rate (if applicable) 0.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$0	$18,720	$21,241		$114,240	$7,730
2. Fringe Benefits	$0	$4,118	$4,673		$28,560	$1,701
3. Consultants	$0	$1,000	$0		$7,500	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$5,000		$0	$0
5.(a) Supplies - Educational	$0	$0			$2,000	$0
5.(b) Supplies - Lab	$0	$0			$0	$0
5.(c) Supplies - Pharmacy	$0	$0			$0	$0
5.(d) Supplies - Medical	$0	$0	$1,071		$0	$1,868
5.(e) Supplies Office	$0	$512	$250		$3,287	$1,000
6. Travel	$0	$150			$5,000	$351
7. Software	$0	$250			$500	$0
8. (a) Other - Marketing/Communications	$0	$1,500			$10,000	$500
8. (b) Other - Education and Training	$0	$1,000	$500		$10,000	$100
8. (c) Other - Other (specify below)						
Other (Occupancy)	$0	$2,750			$12,000	$0
Other (Food for Meeting and Trainings)	$0	$0			$10,000	$0
Other (please specify)	$0	$0	$0		$0	$0
Other (please specify)	$0	$0	$0		$0	$0
9. Subrecipient Contracts	$50,000	$0	$71,677	$10,000	$0	$1,750
Total Direct Costs	$50,000	$30,000	$104,412	$10,000	$203,087	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$104,412	$10,000	$203,087	$15,000
					TOTAL	$412,499

DS

Contractor Initials

6/7/2022

Date

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

Vendor Initials DS

Date 6/7/2022

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: Greater Seacoast Community Health

DocuSigned by:
Janet Laatsch
4D7F17CDDCEA4E0...

6/7/2022
Date

Name: Janet Laatsch
Title: CEO

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
48717500726740...
Name: Janet Laatsch
Title: CEO

DS
Vendor Initials
6/7/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

DS

Exhibit G

Contractor Initials _____

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

Date 6/7/2022

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: Greater Seacoast Community Health

DocuSigned by:
Janet Laatsch
[illegible]CEO

6/7/2022
Date

Name: Janet Laatsch
Title: CEO

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: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

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, TitleXIII, 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.

Contractor Initials JL

Date 6/7/2022

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Greater Seacoast Community Health
The State	Name of the Contractor
Patricia M. Tilley	Janet Laatsch
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Janet Laatsch
Name of Authorized Representative	Name of Authorized Representative
Director	CEO
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/7/2022
Date	Date

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: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

Contractor Initials DS
Date 6/7/2022

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: 020304203

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Lamprey Health Care, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $992,823

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 95% Federal funds from:

      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 5% General funds.

3. Modify Exhibit C, Payment Terms, Section 3, to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in this

fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, which is attached hereto and incorporated by reference herein.
5. Modify Exhibit C-2, SFY 24 Budget in its entirety with Exhibit C-2 Amendment #1, SFY 24 Budget which is attached here to and incorporated by reference here in.

All terms and conditions of the Contract 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

1/5/2023
Date

DocuSigned by:
Patricia M. Tilley
84F838F58F5D4C8...
Name: Patricia M. Tilley
Title: Director

Lamprey Health Care, Inc.

1/5/2023
Date

DocuSigned by:
Gregory White
7D623A8E4924D8...
Name: Gregory White
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

1/6/2023
Date

DocuSigned by:
Robyn Guarino
74873484941460
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:

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New Hampshire Department of Health and Human Services
Contractor Name: *Lamprey Health Care, Inc.*
Budget Request for: *Regional Public Health Services*
Budget Period *Upon G & C Approval through June 30, 2023*
Indirect Cost Rate (If applicable)

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$12,183	$21,335	$54,191	$0	$114,105	$4,270	$5,000	$12,373
2. Fringe Benefits	$1,487	$2,606	$8,617	$0	$13,932	$522	$611	$1,511
3. Consultants	$0	$1,500		$0	$1,100	$0	$0	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0	$0	
5.(a) Supplies - Educational	$500	$0		$0	$4,488	$0	$736	$1,000
5.(b) Supplies - Lab	$0	$0		$0	$0	$0	$0	
5.(c) Supplies - Pharmacy	$0	$0		$0	$0	$0	$0	
5.(d) Supplies - Medical	$0	$0		$0	$0	$0	$0	
5.(e) Supplies Office	$0	$300	$4,700	$0	$1,000	$0	$0	
6. Travel	$800	$325	$800	$0	$2,320	$0	$290	$5,000
7. Software	$0	$0		$0	$0	$0	$0	
8. (a) Other - Marketing/Communications	$484	$507	$3,246	$0	$14,062	$9,695	$0	$15,380
8. (b) Other - Education and Training	$0	$0	$2,000	$0	$5,900	$0	$0	$5,000
8. (c) Other - Other (specify below)								
Other (Phone)	$0	$0		$0	$890	$75	$0	
Other (Occupecy)	$0	$300	$800	$0	$858	$75	$0	
Other (Computer Operation)	$0	$300	$800	$0	$1,320	$90	$0	$240
Other (Board Expenses)	$0	$100	$200	$0	$0	$0	$0	$400
Other (Postage)					$330			
Other (meeting expenses)					$220			
9. Subrecipient Contracts	$30,000	$0	$23,870	$9,091	$24,000	$8,000	$7,000	$89,000
Total Direct Costs	$45,454	$27,273	$96,824	$9,091	$184,625	$22,727	$13,637	$129,904
Total Indirect Costs	$4,546	$2,727	$9,682	$909	$18,463	$2,273	$1,363	$12,990
Subtotals	$50,000	$30,000	$106,506	$10,000	$203,088	$25,000	$15,000	$142,894
							TOTAL	$582,487

Contractor Initials

Date 1/5/2023

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New Hampshire Department of Health and Human Services
Contractor Name: *Lamprey Health Care, Inc.*
Budget Request for: *Regional Public Health Services*
Budget Period *SFY24 (July 1, 2023 - June 30, 2024)*
Indirect Cost Rate (If applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 6/30/23)	School-Based Vaccination Clinics
1. Salary & Wages	$12,434	$21,335	$55,381	$0	$116,957	$0	$5,000
2. Fringe Benefits	$1,518	$2,605	$6,761	$0	$14,280	$0	$611
3. Consultants	$0	$1,500	$0	$0	$1,000	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$1,700	$0	$0	$0	$0
5.(a) Supplies - Educational	$219	$0	$0	$0	$4,500	$0	$736
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$0
5.(e) Supplies Office	$0	$300	$3,000	$0	$968	$0	$0
6. Travel	$800	$325	$800	$0	$2,320	$0	$290
7. Software	$0	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$484	$508	$2,232	$0	$11,800	$0	$0
8. (b) Other - Education and Training	$0	$0	$1,700	$0	$5,400	$0	$0
8. (c) Other - Other (specify below)							
Other (Phone)	$0	$0	$0	$0	$900	$0	$0
Other (Occupancy)	$0	$300	$800	$0	$780	$0	$0
Other (Computer Operation)	$0	$300	$800	$0	$1,200	$0	$0
Other (Board Expenses)	$0	$100	$200	$0	$0	$0	$0
					$300		
					$200		
9. Subrecipient Contracts	$30,000	$0	$20,000	$9,010	$24,000	$0	$7,000
Total Direct Costs	$45,455	$27,273	$92,954	$9,010	$184,625	$0	$13,637
Total Indirect Costs	$4,545	$2,727	$9,295	$990	$18,462	$0	$1,363
Subtotals	$50,000	$30,000	$102,249	$10,000	$203,087	$0	$15,000
					TOTAL		$410,336

Contractor Initials AD
Date 1/5/2023

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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 LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66382

Certificate Number : 0005770882

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 29th day of April A.D. 2022.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Thomas Christopher Drew, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Lamprey Health Care, Inc.

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 March 25, 2020, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Gregory White, CEO, is duly authorized on behalf of Lamprey Health Care, Inc, to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: January 5, 2023

Signature of Elected Officer
Name: Thomas Christopher Drew
Title: Treasurer, Board of Director, Lamprey Health Care

DocuSign Envelope ID: 3B18407D-AD91-4E64-A546-5291DA2E6428

LAMPHEA-01 CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2022

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

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

PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Philadelphia Indemnity Insurance Company — 18058
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER B : Atlantic Charter Insurance Company — 44326
	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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			PHPK2423860	7/1/2022	7/1/2023	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A		WCA00545410	7/1/2022	7/1/2023	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

State of New Hampshire
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

- We seek to be **a leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.
- Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.
- Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.
- Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

- We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.
- We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
- We will be a **center of excellence** in service, quality and teaching.
- We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.
- We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.
- We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

- We exist to **serve the needs of our patients**.
- We value a positive **caring approach** in delivering patient services.
- We are committed to **improving the health** and total well-being of our communities.
- We are committed to **being proactive** in identifying and meeting our communities' health care needs.
- We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.
- We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.
- We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

Affirmed 11/16/2022

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BerryDunn

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2021 and 2020

With Independent Auditor's Report

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2021 and 2020, and the related consolidated statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

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

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

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

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2021 and 2020, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, during the year ended September 30, 2021, Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Other Matter

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2021 and 2020, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position, results of operations and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 26, 2022

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2021 and 2020

ASSETS

	2021	2020
Current assets		
Cash and cash equivalents	$ 3,777,557	$ 3,504,514
Patient accounts receivable	1,389,692	1,396,652
Grants receivable	724,399	658,568
Other receivables	137,513	130,004
Inventory	177,384	129,591
Other current assets	262,941	147,799
Total current assets	6,469,486	5,967,128
Assets limited as to use	4,003,423	2,953,580
Property and equipment, net	7,507,299	7,795,861
Total assets	$17,980,208	$16,716,569

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 540,324	$ 578,888
Accrued payroll and related expenses	1,306,202	1,322,364
Due to third party payers	241,394	119,639
Deferred revenue	423,922	72,421
Provider Relief Fund refundable advance	-	196,549
COVID-19 Emergency Healthcare System Relief Fund refundable advance	-	250,000
Current maturities of long-term debt	90,068	88,027
Total current liabilities	2,601,910	2,627,888
Long-term debt, less current maturities	2,749,747	2,821,023
Fair value of interest rate swaps	67,441	217,657
Total liabilities	5,419,098	5,666,568
Net assets		
Without donor restrictions	11,947,776	10,579,230
With donor restrictions	613,334	470,771
Total net assets	12,561,110	11,050,001
Total liabilities and net assets	$17,980,208	$16,716,569

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2021 and 2020

	2021	2020
Operating revenue		
Net patient service revenue	$10,386,518	$ 9,708,842
Rental income	181,128	176,353
Grants, contracts and contributions	8,644,519	5,663,601
Paycheck Protection Program	-	2,152,212
Other operating revenue	634,309	410,309
Net assets released from restriction for operations	364,248	242,945
Total operating revenue	20,210,722	18,354,262
Operating expenses		
Salaries and wages	11,309,801	11,106,208
Employee benefits	2,258,427	2,096,040
Supplies	954,094	747,665
Purchased services	2,504,470	1,691,285
Facilities	667,034	574,422
Other operating expenses	860,344	474,659
Insurance	140,849	140,572
Depreciation	476,470	462,768
Interest	102,602	111,808
Total operating expenses	19,274,091	17,405,427
Excess of revenue over expenses	936,631	948,835
Change in fair value of interest rate swaps	150,216	(231,169)
Grants for capital acquisition	216,414	-
Net assets released from restriction for capital acquisition	65,285	129,356
Increase in net assets without donor restrictions	$ 1,368,546	$ 847,022

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2021

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 9,107,974	$ 453,641	$ 9,561,615	$ 1,748,186	**$ 11,309,801**
Employee benefits	1,627,746	83,428	1,711,174	547,253	**2,258,427**
Supplies	924,304	6,075	930,379	23,715	**954,094**
Purchased services	1,062,898	418,398	1,481,296	1,023,174	**2,504,470**
Facilities	475,941	26,042	501,983	165,051	**667,034**
Other	379,745	57,277	437,022	423,322	**860,344**
Insurance	-	-	-	140,849	**140,849**
Depreciation	-	-	-	476,470	**476,470**
Interest	-	-	-	102,602	**102,602**
Allocated program support	1,373,345	93,217	1,466,562	(1,466,562)	-
Total	**$ 14,951,953**	**$ 1,138,078**	**$ 16,090,031**	**$ 3,184,060**	**$ 19,274,091**

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2020

	Healthcare Services	AHEC/PHN	Transportation	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 8,372,143	$ 498,707	$ 69,857	$ 8,940,707	$ 2,165,501	$ 11,106,208
Employee benefits	1,567,514	93,157	12,726	1,673,397	422,643	2,096,040
Supplies	708,447	7,255	-	715,702	31,963	747,665
Purchased services	879,416	114,614	-	994,030	697,255	1,691,285
Facilities	23,488	402	8,652	32,542	541,880	574,422
Other	166,743	61,261	-	228,004	246,655	474,659
Insurance	-	-	7,673	7,673	132,899	140,572
Depreciation	-	-	26,400	26,400	436,368	462,768
Interest	-	-	-	-	111,808	111,808
Allocated program support	754,724	74,216	14,538	843,478	(843,478)	-
Allocated occupancy costs	817,796	35,153	4,641	857,590	(857,590)	-
Total	$ 13,290,271	$ 884,765	$ 144,487	$ 14,319,523	$ 3,085,904	$ 17,405,427

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2021 and 2020

	2021	2020
Net assets without donor restrictions		
Excess of revenue over expenses	$ 936,631	$ 948,835
Change in fair value of interest rate swaps	150,216	(231,169)
Grants for capital acquisition	216,414	-
Net assets released from restriction for capital acquisition	65,285	129,356
Increase in net assets without donor restrictions	1,368,546	847,022
Net assets with donor restrictions		
Contributions	572,096	224,245
Grants for capital acquisition	-	82,721
Net assets released from restriction for operations	(364,248)	(242,945)
Net assets released from restriction for capital acquisition	(65,285)	(129,356)
Increase (decrease) in net assets with donor restrictions	142,563	(65,335)
Change in net assets	1,511,109	781,687
Net assets, beginning of year	11,050,001	10,268,314
Net assets, end of year	$12,561,110	$11,050,001

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2021 and 2020

	2021	2020
Cash flows from operating activities		
Change in net assets	$ 1,511,109	$ 781,687
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	476,470	462,768
Equity in earnings of limited liability company	-	6,877
Change in fair value of interest rate swaps	(150,216)	231,169
Grants for capital acquisition	(216,414)	(82,721)
(Increase) decrease in the following assets:		
Patient accounts receivable	6,960	(39,883)
Grants receivable	(65,831)	(205,857)
Other receivable	(7,509)	106,794
Inventory	(47,793)	(48,107)
Other current assets	(115,142)	(69,394)
(Decrease) increase in the following liabilities:		
Accounts payable and accrued expenses	80,263	(3,984)
Accrued payroll and related expenses	(16,162)	361,340
Due to third-party payers	121,755	-
Deferred revenue	351,501	(12,997)
Provider Relief Fund refundable advance	(196,549)	196,549
COVID-19 Emergency Healthcare System Relief Fund refundable advance	(250,000)	250,000
Net cash provided by operating activities	1,482,442	1,934,241
Cash flows from investing activities		
Equity distribution from limited liability company	-	12,224
Capital acquisitions	(306,735)	(708,997)
Net cash used by investing activities	(306,735)	(696,773)
Cash flows from financing activities		
Grants for capital acquisition	216,414	82,721
Proceeds from issuance of long-term debt	-	2,100,000
Principal payments on long-term debt	(69,235)	(1,328,216)
Net cash (used) provided by financing activities	147,179	854,505
Net increase in cash and cash equivalents and restricted cash	1,322,886	2,091,973
Cash and cash equivalents and restricted cash, beginning of year	6,458,094	4,366,121
Cash and cash equivalents and restricted cash, end of year	$ 7,780,980	$ 6,458,094

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows (Concluded)

Years Ended September 30, 2021 and 2020

	2021	2020
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 3,777,557	$ 3,504,514
Assets limited as to use	4,003,423	2,953,580
	$ 7,780,980	$ 6,458,094
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 102,602	$ 111,808
Capital expenditures included in accounts payable	$ -	$ 118,827

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

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Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole member of FLHC.

1. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information in the consolidated financial statements according to the following net asset classifications:

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

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity, of which there were none in 2021 or 2020.

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

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

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

COVID-19

In March 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic and the United States federal government declared COVID-19 a national emergency. The Organization implemented an emergency response to ensure the safety of its patients, staff and the community. In adhering to guidelines issued by the State of New Hampshire and the Center for Disease Control and Prevention, the Organization took steps to create safe distances between both staff and patients. All providers received the necessary equipment to allow for medical and behavioral health visits using telehealth. Facility modifications included installation of plexi-glass partitions, restructuring of work stations to allow for 6 feet between staff, heating, ventilation, and air conditioning systems were modified to improve air exchange rates and tents and awnings were setup to allow screening, testing and vaccine administration outside of the four walls of the clinics. In addition, the Organization created contained infection control wings at all sites to evaluate and treat patients that screen positive for COVID-19 and deployed a mobile health van to provide testing, vaccination and other service capacity to other areas of the community.

The Organization received a loan in the amount of $2,152,212 in April 2020 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act. The PPP was subject to forgiveness, upon the Organization's request, to the extent that the proceeds were used to pay qualifying expenditures, including payroll costs, rent and utilities, incurred by the Organization during a specific covered period. The Organization determined the conditions for forgiveness were substantially met during the year ended September 30, 2020 and recorded revenue equal to the full amount of the PPP. The Organization was notified in June 2021 the PPP was fully forgiven by the SBA and the lender. The PPP can be audited by the SBA for up to six years from the date of forgiveness.

The CARES Act and the PPPHCE Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (HHS). The Organization received PRF in the amount of $196,549 during the year ended September 30, 2020, incurred qualifying expenditures of $196,549 during the year ended September 30, 2021 and recorded grant revenue equal to the qualifying expenditures in 2021. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, the amount of income allowed to be recognized may change. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

During May 2020, the Organization received a loan in the amount of $250,000 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State, Department of Health and Human Services and available for use through December 30, 2020. The Relief Loan had the potential to be converted to a grant at the sole discretion of the State. The Relief Loan was converted to a grant on October 9, 2020 and recognized as revenue at that time.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Revenue Recognition and Patient Accounts Receivable

During the year ended September 30, 2021, the Organization has adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which supersedes accounting standards that previously existed under U.S. GAAP and provides a single revenue model to address revenue recognition to be applied by all companies. Under the new standard, organizations recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods and services. Topic 606 also requires organizations to disclose additional information, including the nature, amount, timing, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization elected to adopt this ASU retrospectively with the cumulative effect recognized at the date of initial application; therefore, the consolidated financial statements and related notes have been presented accordingly.

The adoption of Topic 606 had no impact on the Organization's net assets, results of its operations, or cash flows. The adoption of Topic 606 did change how implicit price concessions are presented in the consolidated financial statements. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as a provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience continues to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts.

The impact of the adoption on the consolidated statement of operations for the year ended September 30, 2020 was as follows:

	As Originally Reported	Adjustments due to Topic 606 Adoption	Revised Balance
Patient service revenue	$ 10,206,803	$ (497,961)	$ 9,708,842
Provision for bad debts	(497,961)	497,961	-
Net patient service revenue	$ 9,708,842	$ -	$ 9,708,842

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs).

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for contract pharmacy services based on when the prescription is dispensed to the patient as reported to the Organization by the third-party administrator. The Organization's performance obligations are satisfied at a point in time.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collect based on its collection history with those patients.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. Payer concentrations are disclosed in Note 9.

The Organization bills the patients and third-party payers several days after the services are performed. A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for medical, behavioral health and ancillary services based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other services are reimbursed based on fee-for-service rate schedules.

Medicaid

The Organization is primarily reimbursed for medical, behavioral health and ancillary services based on prospectively set rates for an encounter furnished to a Medicaid beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other services are reimbursed based on fee-for-service rate schedules.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed for services based on contractually obligated payment rates for each Current Procedural Terminology code, which may be less than the Organization's public fee schedule.

Patients

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization's sliding fee discount policy amounted to $1,000,557 and $1,041,631 for the years ended September 30, 2021 and 2020, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal grants.

For uninsured patients who do not qualify under the Organization's sliding fee discount program, the Organization bills the patient based on the Organization's standard rates for services provided. Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Contract Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization contracts with local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid, and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances and consisted of the following at September 30:

	2021	2020
Medical and dental patient accounts receivable	$ 1,210,952	$ 1,099,010
Contract 340B pharmacy program receivables	178,740	297,642
Total patient accounts receivable	$ 1,389,692	$ 1,396,652

Accounts receivable at October 1, 2019 were $1,237,130.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of allowances, were as follows at September 30:

	2021	2020
Governmental plans		
Medicare	22 %	20 %
Medicaid	35 %	33 %
Commercial payers	21 %	24 %
Patient	22 %	23 %
Total	100 %	100 %

Grants and Other Receivables

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

The Organization receives a significant amount of grants from HHS. As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2021 and 2020, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 78% and 80%, respectively, of grants, contracts and contributions revenue.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has met the performance requirements or incurred expenditures in compliance with specific contract or grant provisions, as applicable. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants in the amount of $3,779,537 and $2,968,196, which are primarily available through May and June 2022 and March 2023, respectively, that have not been recognized at September 30, 2021 because qualifying expenditures have not yet been incurred.

The Organization also received a capital grant, *Health Center Infrastructure Support*, in the amount of $671,534, which is available for use for approved capital projects through September 14, 2024. The Organization intends to use this grant for renovations of the Organization's Nashua, New Hampshire facility. See Note 4 for further discussion regarding the project.

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for specific projects or purposes as discussed further in Note 3.

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

Functional Expenses

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or supporting function of the Organization. Expenses allocated between program services and administrative support include employee benefits which are allocated based on direct wages, facilities which are based upon square footage occupied by the program, human resources and information technology which is based upon employee worked hours attributed to the program.

Excess of Revenue over Expenses

The consolidated statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions, which are excluded from this measure include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap that qualifies for hedge accounting.

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through January 26, 2022, the date that the consolidated financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the consolidated financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit (Note 5).

The Organization had working capital of $3,867,576 and $3,339,240 at September 30, 2021 and 2020, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 73 and 75 at September 30, 2021 and 2020, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2021	2020
Cash and cash equivalents	$ 3,777,557	$ 3,504,514
Patient accounts receivable, net	1,389,692	1,396,652
Grants receivable	724,399	658,568
Other receivables	137,513	130,004
Financial assets available	$ 6,029,161	$ 5,689,738

The Organization has certain board-designated assets limited as to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors and other assets limited as to use for donor-restricted purposes, which are more fully described in Note 3. Accordingly, these assets have not been included in the quantitative information above.

The Organization's goal is generally to have, at the minimum, the U.S. Health Resources and Services Administration recommended days cash and cash equivalents on hand for operations of 30 days.

3. Assets Limited as To Use

Assets limited as to use are made up of cash and cash equivalents which are to be used for the following purposes at September 30:

	2021	2020
Board-designated for		
Transportation	$ 27,059	$ 16,982
Working capital	1,641,947	1,391,947
Capital improvements	1,677,051	1,139,165
Other	79,755	-
Total board-designated	3,425,812	2,548,094
Donor restricted	577,611	405,486
Total	$ 4,003,423	$ 2,953,580

4. Property and Equipment

Property and equipment consists of the following at September 30:

	2021	2020
Land and improvements	$ 1,154,753	$ 1,154,753
Building and improvements	11,831,191	11,661,674
Furniture, fixtures and equipment	1,835,579	1,887,073
Total cost	14,821,523	14,703,500
Less accumulated depreciation	7,397,168	7,115,614
	7,424,355	7,587,886
Construction in progress and assets not in service	82,944	207,975
Property and equipment, net	$ 7,507,299	$ 7,795,861

The construction in progress at September 30, 2021 primarily relates to the renovations of the Organization's Nashua, New Hampshire facility to expand clinical space and reconfigure existing space for improved workflows for increased patient access and improved patient experience. The total project cost is estimated at $2,548,439 and anticipated to be funded by a capital grant, board designated and donor restricted cash and debt financing. The renovation is projected to be completed before the expiration of the capital grant in September 2024.

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

5. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 2022, with an interest rate at Prime, but not less than 3.25% (3.25% at September 30, 2021). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2021 and 2020.

6. Long-Term Debt

Long-term debt consists of the following at September 30:

	2021	2020
Promissory note payable to local bank; see terms outlined below. (1)	$ 811,195	$ 829,242
Promissory note payable to local bank; see terms outlined below. (2)	2,028,620	2,079,808
Total long-term debt	2,839,815	2,909,050
Less current maturities	90,068	88,027
Long-term debt, less current maturities	$ 2,749,747	$ 2,821,023

(1) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly payments of principal and interest at 85% of the one-month LIBOR rate plus 2.125% through February 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and substantively fixes the rate at 4.13%. On December 17, 2021, the Organization received a commitment from a local bank to refinance the debt with a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly payments of principal and interest and will obtain another interest rate swap agreement resulting in a fixed rate of 3.46%. Maturities have been presented based on the terms of the refinancing.

(2) The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with variable monthly principal payments plus interest at the one-month LIBOR rate plus 1.5% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and substantially fixes the rate at 3.173%.

The Organization is required to meet certain administrative and financial covenants under the loan agreements included above. In the event of default, the bank has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization was in compliance with all loan covenants at September 30, 2021.

Maturities of long-term debt for the next five years and thereafter are as follows at September 30:

2022	$ 90,068
2023	92,538
2024	94,909
2025	97,686
2026	100,374
Thereafter	2,364,240
Total	$ 2,839,815

7. Derivative Financial Instruments

The Organization participates in certain fixed-payer swap contracts related to underlying, variable rate debt obligations. The purpose of these contracts is to protect the Organization against rising interest rates related to the variable rate debt. These contracts qualify for hedge accounting as a cash flow hedge and are reported at fair value as an asset or a liability. As a perfectly effective cash flow hedge, the change in fair value of the contracts is reported in the change in net assets without donor restrictions. The Organization expects to hold the swap contracts until their respective maturities.

The interest swap contract terms are summarized as follows at September 30:

Entity	Fixed Rate Paid	Variable Rate Received	Notional Amount	**2021 Fair Value Asset (Liability)**	2020 Fair Value Asset (Liability)	Termination Date	Counterparty
LHC	4.1300 %	2.1993 %	$ 805,486	**$ (2,632)**	$ (18,241)	01-19-2022	TD Bank
FLHC	3.1730 %	1.5825 %	2,017,954	**(64,809)**	(199,416)	10-02-2029	TD Bank
Cumulative unrealized loss				**$ (67,441)**	$ (217,657)		

U.S. GAAP establish a fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity (observable inputs that are classified within Levels 1 and 2 of the hierarchy) and the reporting entity's own assumptions about market participant assumptions (unobservable inputs classified within Level 3 of the hierarchy).

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

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

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

The Organization uses inputs other than quoted prices that are observable to value the interest rate swaps. The Organization considers these inputs to be Level 2 inputs in the context of the fair value hierarchy. These values represent the estimated amounts the Organization would receive or pay to terminate agreements, taking into consideration current interest rates and the current creditworthiness of the counterparty (present value of expected cash flows).

8. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	2021	2020
Undesignated	$ 8,521,964	$ 8,031,136
Board-designated (Note 3)	3,425,812	2,548,094
Total	$11,947,776	$10,579,230

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	2021	2020
Temporary in nature:		
Capital improvements	$ 214,647	$ 214,647
Community programs	382,817	170,745
Substance abuse prevention	15,870	20,094
Grants for capital acquisitions not in service	-	65,285
Total	$ 613,334	$ 470,771

9. Patient Service Revenue

Patient service revenue was as follows for the years ended September 30:

	2021	2020
Gross charges	$14,780,770	$13,852,130
340B contract pharmacy revenue	1,853,873	1,617,196
Total gross revenue	16,634,643	15,469,326
Contractual adjustments and implicit price concessions	(5,684,212)	(5,514,248)
Sliding fee discounts	(777,588)	(811,423)
Other patient related revenue	213,675	565,187
Total patient service revenue	$10,386,518	$ 9,708,842

The mix of net patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2021	2020
Medicare	14 %	16 %
Medicaid	42 %	46 %
Other payers	41 %	36 %
Self-pay and sliding fee scale patients	3 %	2 %
	100 %	100 %

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $281,223 and $292,808 for the years ended September 30, 2021 and 2020, respectively.

11. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2021, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of either FTCA or medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

12. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's consolidated financial statements.

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SUPPLEMENTARY INFORMATION

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2021

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2021 Consolidated
Current assets			
Cash and cash equivalents	$ 2,297,060	$ 1,480,497	$ 3,777,557
Patient accounts receivable	1,389,692	-	1,389,692
Grants receivable	724,399	-	724,399
Other receivables	137,513	-	137,513
Inventory	177,384	-	177,384
Other current assets	262,941	-	262,941
Total current assets	4,988,989	1,480,497	6,469,486
Assets limited as to use	4,003,423	-	4,003,423
Property and equipment, net	5,830,543	1,676,756	7,507,299
Total assets	$ 14,822,955	$ 3,157,253	$ 17,980,208

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 537,394	$ 2,930	$ 540,324
Accrued payroll and related expenses	1,306,202	-	1,306,202
Due to third party payers	241,394	-	241,394
Deferred revenue	423,922	-	423,922
Due to affiliate			
Due to (from) affiliate	21,985	(21,985)	-
Current maturities of long-term debt	45,072	44,996	90,068
Total current liabilities	2,575,969	25,941	2,601,910
Long-term debt, less current maturities	766,123	1,983,624	2,749,747
Fair value of interest rate swap	2,632	64,809	67,441
Due to (from) affiliate	1,073,876	(1,073,876)	-
Total liabilities	4,418,600	1,000,498	5,419,098
Net assets			
Without donor restrictions	9,791,021	2,156,755	11,947,776
With donor restrictions	613,334	-	613,334
Total net assets	10,404,355	2,156,755	12,561,110
Total liabilities and net assets	$ 14,822,955	$ 3,157,253	$ 17,980,208

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2020

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2020 Consolidated
Current assets			
Cash and cash equivalents	$ 2,205,696	$ 1,298,818	$ 3,504,514
Patient accounts receivable	1,396,652	-	1,396,652
Grants receivable	658,568	-	658,568
Other receivables	130,004	-	130,004
Inventory	129,591	-	129,591
Other current assets	147,799	-	147,799
Total current assets	4,668,310	1,298,818	5,967,128
Assets limited as to use	2,953,580	-	2,953,580
Property and equipment, net	6,009,215	1,786,646	7,795,861
Total assets	$ 13,631,105	$ 3,085,464	$ 16,716,569

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 578,888	$ -	$ 578,888
Accrued payroll and related expenses	1,322,364	-	1,322,364
Due to third party payers	119,639	-	119,639
Deferred revenue	72,421	-	72,421
Provider Relief Fund refundable advance	196,549	-	196,549
COVID-19 Emergency Healthcare System Relief Fund refundable advance	250,000	-	250,000
Due to (from) affiliate	22,604	(22,604)	-
Current maturities of long-term debt	44,453	43,574	88,027
Total current liabilities	2,606,918	20,970	2,627,888
Long-term debt, less current maturities	784,789	2,036,234	2,821,023
Fair value of interest rate swap	18,241	199,416	217,657
Due to (from) affiliate	1,104,410	(1,104,410)	-
Total liabilities	4,514,358	1,152,210	5,666,568
Net assets			
Without donor restrictions	8,645,976	1,933,254	10,579,230
With donor restrictions	470,771	-	470,771
Total net assets	9,116,747	1,933,254	11,050,001
Total liabilities and net assets	$ 13,631,105	$ 3,085,464	$ 16,716,569

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2021

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2021 Consolidated
Operating revenue				
Patient service revenue	$10,386,518	$ -	$ -	$10,386,518
Rental income	181,128	227,916	(227,916)	181,128
Grants, contracts and contributions	8,644,519	-	-	8,644,519
Other operating revenue	634,169	140	-	634,309
Net assets released from restriction for operations	364,248	-	-	364,248
Total operating revenue	20,210,582	228,056	(227,916)	20,210,722
Operating expenses				
Salaries and wages	11,309,801	-	-	11,309,801
Employee benefits	2,258,427	-	-	2,258,427
Supplies	954,094	-	-	954,094
Purchased services	2,504,395	75	-	2,504,470
Facilities	885,776	9,174	(227,916)	667,034
Other operating expenses	856,309	4,035	-	860,344
Insurance	140,849	-	-	140,849
Depreciation	366,581	109,889	-	476,470
Interest expense	86,613	15,989	-	102,602
Total operating expenses	19,362,845	139,162	(227,916)	19,274,091
Excess of revenue over expenses	847,737	88,894	-	936,631
Change in fair value of interest rate swap	15,609	134,607	-	150,216
Grants for capital acquisition	216,414	-	-	216,414
Net assets released from restriction for capital acquisition	65,285	-	-	65,285
Increase in net assets without donor restrictions	$ 1,145,045	$ 223,501	$ -	$ 1,368,546

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2020

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2020 Consolidated
Operating revenue				
Patient service revenue	$ 9,708,842	$ -	$ -	$ 9,708,842
Rental income	176,353	227,916	(227,916)	176,353
Grants, contracts and contributions	5,663,601	-	-	5,663,601
Paycheck Protection Program	2,152,212	-	-	2,152,212
Other operating revenue	410,188	121	-	410,309
Net assets released from restriction for operations	242,945	-	-	242,945
Total operating revenue	18,354,141	228,037	(227,916)	18,354,262
Operating expenses				
Salaries and wages	11,106,208	-	-	11,106,208
Employee benefits	2,096,040	-	-	2,096,040
Supplies	747,665	-	-	747,665
Purchased services	1,691,103	182	-	1,691,285
Facilities	798,038	4,300	(227,916)	574,422
Other operating expenses	474,659	-	-	474,659
Insurance	140,572	-	-	140,572
Depreciation	352,880	109,888	-	462,768
Interest	79,288	32,520	-	111,808
Total operating expenses	17,486,453	146,890	(227,916)	17,405,427
Excess of revenue over expenses	867,688	81,147	-	948,835
Change in fair value of interest rate swap	(31,753)	(199,416)	-	(231,169)
Net assets released from restriction for capital acquisition	129,356	-	-	129,356
Increase (decrease) in net assets without donor restrictions	$ 965,291	$ (118,269)	$ -	$ 847,022

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2021

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2021 Consolidated
Net assets without donor restrictions			
Excess of revenue over expenses	$ 847,737	$ 88,894	$ 936,631
Change in fair value of interest rate swap	15,609	134,607	150,216
Grants for capital acquisition	216,414	-	216,414
Net assets released from restriction for capital acquisition	65,285	-	65,285
Increase in net assets without donor restrictions	1,145,045	223,501	1,368,546
Net assets with donor restrictions			
Contributions	572,096	-	572,096
Net assets released from restriction for operations	(364,248)	-	(364,248)
Net assets released from restrictions for capital acquisition	(65,285)	-	(65,285)
Increase in net assets with donor restrictions	142,563	-	142,563
Change in net assets	1,287,608	223,501	1,511,109
Net assets, beginning of year	9,116,747	1,933,254	11,050,001
Net assets, end of year	$10,404,355	$ 2,156,755	$12,561,110

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2020

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2020 Consolidated
Net assets without donor restrictions			
Excess of revenue over expenses	$ 867,688	$ 81,147	$ 948,835
Change in fair value of interest rate swap	(31,753)	(199,416)	(231,169)
Net assets released from restriction for capital acquisition	129,356	-	129,356
Increase (decrease) in net assets without donor restrictions	965,291	(118,269)	847,022
Net assets with donor restrictions			
Contributions	224,245	-	224,245
Grants for capital acquisition	82,721	-	82,721
Net assets released from restrictions for operations	(242,945)	-	(242,945)
Net assets released from restriction for capital acquisition	(129,356)	-	(129,356)
Decrease in net assets with donor restrictions	(65,335)	-	(65,335)
Change in net assets	899,956	(118,269)	781,687
Net assets, beginning of year	8,216,791	2,051,523	10,268,314
Net assets, end of year	$ 9,116,747	$ 1,933,254	$11,050,001

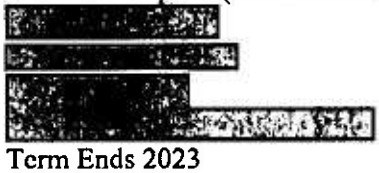
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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

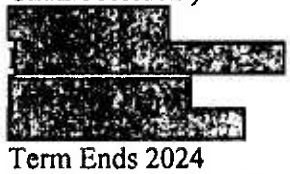
2022-2023 Board of Directors

Frank Goodspeed (President/Chair)



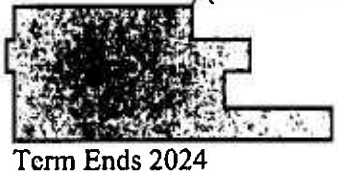
Term Ends 2023
Affiliation: Retired
Years of Service: 9
Committees: Executive (chair), Community Relations and Marketing, Governance, Personnel, Quality Assurance, Strategic Planning, 50th Anniversary

Audrey Ashton-Savage (Immediate Past Chair/President)



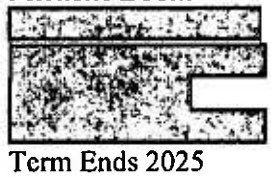
Term Ends 2024
Affiliation: University of New Hampshire
Years of Service: 32
Committees: Executive, Community Relations and Marketing, Finance and Audit, Governance, Strategic Planning

Arvind Ranade, (Vice President)



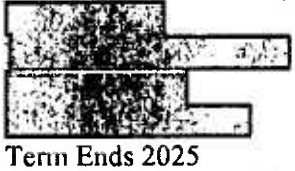
Term Ends 2024
Affiliation: SymbioSys Solutions, Inc.
Years of Service: 7
Committees: Executive, Finance and Audit, Technology

Michelle Boom



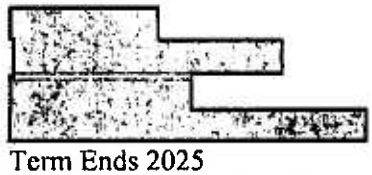
Term Ends 2025
Affiliation: Homemaker
Years of Service: 3
Committees: Community Relations and Marketing, 50th Anniversary

Thomas "Chris" Drew (Treasurer)



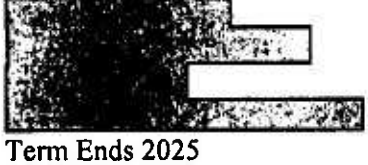
Term Ends 2025
Affiliation: Seacoast Mental Health Center
Years of Service: 24
Committees: Executive, Finance and Audit (Chair) Personnel (Chair), Technology (Chair)

James Brewer



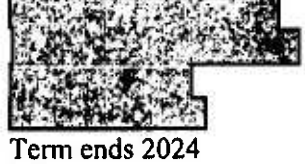
Term Ends 2025
Affiliation: Eastern Bank
Years of Service: 3
Committees: Finance and Audit, Equity and Diversity, Strategic Planning

Laura Valencia (Secretary)



Term Ends 2025
Affiliation: Bristol Myers Squibb
Years of Service: 4
Committees: Executive, Community Relations and Marketing, Equity and Diversity

Raymond Goodman, III



Term ends 2024
Affiliation: University of Massachusetts Foundation
Years of Service: 10
Committees: Community Relations and Marketing (Chair), Quality Assurance

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

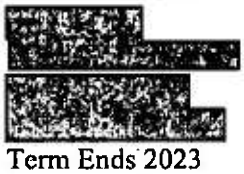
2022-2023 Board of Directors

Todd J Hathaway



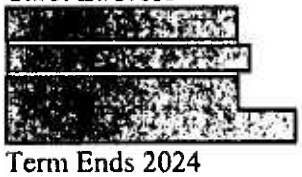
Term Ends 2023
Affiliation: Wadleigh, Starr & Peters, PLLC
Years of Service: 1
Committees: Governance, Quality Assurance

Michael Reinke



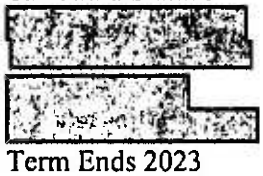
Term Ends 2023
Affiliation: Nashua Soup Kitchen & Shelter
Years of Service: 2
Committees: Equity and Diversity, Strategic Planning

Carol LaCross



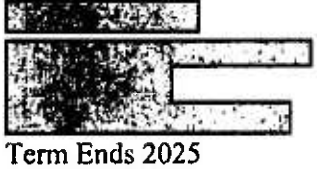
Term Ends 2024
Affiliation: Retired
Years of Service: 34
Committees: Finance and Audit, Technology, Strategic Planning

Samantha Stamas



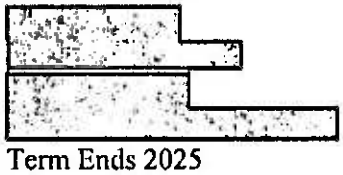
Term Ends 2023
Affiliation: Southern NH University
Years of Service: 1
Committees: Community Relations and Marketing

Andrea Laskey



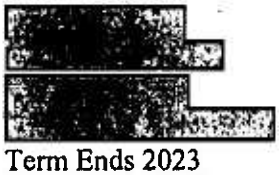
Term Ends 2025
Affiliation: Retired
Years of Service: 3
Committees: Quality Assurance (Chair), Equity and Diversity, Strategic Planning

Wilberto Torres



Term Ends 2025
Affiliation: Agile Workplace Staffing/Bell Tower Home Health Care
Years of Service: 5
Committees: Community Relations and Marketing, Technology

Mark Marandola



Term Ends 2023
Affiliation: Fidelity Investments
Years of Service: 2
Committees: Quality Assurance

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Paula K. Smith, MBA, EdD

EDUCATION

Rivier University, Nashua NH
Doctoral Program in Education, Leadership and Learning, May 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA,2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125
Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA
Negotiation and Conflict Resolution for Health Care Management
(Training Program), 1991

University of New Hampshire, Durham, NH
Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998 Present — **Director, Southern New Hampshire Area Health Education Center (AHEC)**
Lamprey Health Care, Raymond, NH

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.
- Directs activities of the Seacoast Public Health Network, implementing the Community Health Improvement Plan.
- Develops and oversees the Nurse Practitioner Fellowship Program, including supervising staff to implement day to day operations, maintaining relationships with preceptors and specialty practices, and pursuing accreditation.

October 1995 to February 1998 — **Regional Services Coordinator**
New England Community Health Center Association, Woburn, MA

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

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February 1992 to October 1995 — **Program Director, Department of Medical Security, Boston, MA**

- Managed the Labor Shortage Initiative, a $23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.

- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly $12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a $4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization date of participants.

May 1990 to February 1992 — **Contract Manager, Department of Medical Security, Boston, MA**

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties;
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to May 1990 — **Contract Specialist, Office of the State Comptroller, Boston, MA**

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to October 1988 — **Contract Officer, Office of the State Comptroller, Boston, MA**

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to January 1988 — **Administrative Assistant, Joseph M. Smith Community Health Center, Alston, MA**

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS

Endowment for Health Board of Advisors, 2013-Present
Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award
NH Leadership Board: American Lung Association, 2007-present
Recipient of 2006 National AHEC Center for Excellence Award in Community Programming
Leadership New Hampshire 2003 Associate
Member of National AHEC Organization
Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

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Julia B. Meuse

Education

University of New Hampshire, Durham, NH — **May 2019**
Bachelor of Science: Health Management and Policy
Dean's List: Spring 2017, Fall 2017, Spring 2018, Fall 2018, Spring 2019

Experience

Lamprey Health Care, Raymond, NH

Public Health Emergency Preparedness Manager, Seacoast Public Health Network — **March 2022- Present**

- Responsible for the management and implementation of work scopes and services associated with the Public Health Network, and related emergency response
- Supervises Medical Reserve Corps Coordinator, SPHN Community Health Worker, and other subcontractors
- Engages with community partners to strengthen public health emergency response and readiness in the region

Program Coordinator, Seacoast Public Health Network — **July 2019- March 2022**

- Planned and operationalized vaccination clinics in response to the Covid-19 Pandemic
- Provided support to various public health projects and initiatives
- Supported and provided coordination to Lamprey Health Care's Nurse Practitioner Fellowship Program

Program Assistant, Southern NH AHEC & Seacoast Public Health Network — **September 2018- July 2019**

- Assisted in the process of developing and implementing a tickborne illness prevention project with the Seacoast Public Health Network

Intern, Southern NH AHEC & Seacoast Public Health Network — **May 2018-August 2018**

- Provided administrative support to AHEC program activities including continuing education, Better Choices Better Health program, health career exploration activities
- Updated the AHEC Health Career Catalog with current information for students to learn about health careers

Pinnacle Rehabilitation Network, Multiple Locations

Office Coordinator

- Exeter Sport and Spine Therapy, Exeter, NH — **May 2016- August 2016**
- Hampton Physical Therapy of Seabrook, Seabrook, NH — **June 2012- August 2015**

- Provided courteous and knowledgeable front-end assistance
- Responsible for managing copays, scheduling appointments, completing insurance verifications, and data entry

Certifications

Community Health Worker Course — **June 2018- July 2018**
Received certificate for completing Southern NH AHEC's 56 hour Community Health Worker training. Trained in healthcare service coordination, cultural effectiveness, community assessment skills, etc.

Child and Infant CPR Certified — **July 2018**
Completed objectives and skills in accordance with the American Heart Association CPR AED program for child and infant certification

Volunteer Experience

The Fabulous Find Resale Boutique — **June 2017- Present**
Partnered with non-profit boutique to sell my original artwork and donate profits to local community charities. Currently maintain inventory and fill special orders

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MARIA REYES

Professional Summary

Innovative senior level director with over 15 years of non-profit management experience. Demonstrated record of accomplishment: Managing financially sustainable federal, state and private foundation programs with measurable outcomes and community impact. Experience overseeing Immigrant and Refugee Professional Staff, Community Programs and Immigration Services. Additional leadership experience includes Board of Director's service, appointed to local government positions and community coalitions.

Seacoast Public Health Network-Lamprey HealthCare **Raymond, NH**
Continuum of Care Coordinator (COC) **2015-Current**

Responsibilities: Identify assets and gaps within the continuum of care: prevention, intervention, treatment and recovery support services
Oversee and convene stakeholders to establish a plan of action based on assessment of assets and gaps to build capacity and increase Substance Misuse Disorder/Mental Health services across the continuum of care.
Collaborate with Public Health Advisory Council and Regional community partners
Provide Evidence Base Resiliency Trainings from the National Wellness Institute to Young Adults and others across the life span.
Collaborate with Coalitions, Treatment Providers, Recovery Orgs, and Opioid Prevention Providers thru disseminating of Naloxone to partners and the community.

Seacoast Public Health Network-Lamprey HealthCare **Raymond NH**
Substance Misuse Prevention Coordinator (SMP) **10/ 2015-10/2016**

SMP'S primary role is working with stakeholders throughout the 23 towns of the Seacoast Public Health Network in conjunction with the NH Bureau of Drugs and Alcohol Services (BDAS) to develop and maintain a network of partners and coordinate prevention efforts to fulfill the regions three year substance misuse prevention plan.

Community Highlights Include:

Successful coordination of ten local community forums on the Opioid epidemic-over 500 participants.
Member of the local hospital steering committee for community health needs assessment.
Assisted local community coalition to build infrastructure and governance to address community substance misuse by educating coalition members.

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YWCA Tulsa **Tulsa, Oklahoma**
Director of Immigrant and Refugee Program **2000-April 2015**

Responsible for the direct oversight of a team of 35+ diverse professionals from over 10 countries and all operations and systems. Diversified agency funding portfolio thru fee for service, augmented grant foundation dollars thru community/donor relationships, and generated state/local government funding from $450,000 to 1 million plus. Responsible for direct oversight of core program services to underserved communities.

Highlights:

Instituted first medical Spanish elective course at Oklahoma State University Osteopathic College of Medicine for first and second year medical students.
Spearheaded diabetes prevention academy of health for first generation Spanish speakers.
Member of the Oklahoma Methamphetamine Prevention Task force
Key designer of promising practice "Project Citizenship" "Naturalization Program" funded by Homeland Security Office of US Immigration and Naturalization Services (USCIS). YWCA Project Citizenship was one of 13 grantees in the country and recognized as an evidence informed program by United States Citizenship and Immigration Services USCIS. Over 165 Legal Permanent Residents became U.S Naturalized Citizens.

Parkside Behavioral Health, Inc. **Tulsa, Oklahoma**
Certified Drug and Alcohol Counselor **1990-2000**

Launched the first mental health community event in Tulsa to provide community Depression Screenings to limited English Proficiency populations.
Launched the first Spanish-speaking case management caseload in the hospital's history.
Trained agency staff on developing culturally competent practices for Limited English Proficiency Populations.

CREDENTIALS

EDUCATION	Plymouth State University, Plymouth New Hampshire-B.A. Spanish, Latin American Studies University of Valencia Spain-Junior Year Abroad program
CERTIFICATION	Certified Oklahoma Drug and Alcohol Counselor since 2005, (current) #226
ACHIEVMENTS	YWCA Tulsa Community Outstanding Service Award-2015 Tulsa Partners-Language Cultural Bank Volunteer of the Year 2011 Tulsa Mental Health Association Education Award 2005 Parkside Hospital Employee of the Year 1997 Plymouth State University, New Hampshire- Foreign Language Award
COMMUNITY	Vice President of Coalition of Hispanic Organizations Board member of Tulsa Mental Health Association Board member and Co-President of Tulsa Language Cultural Bank Appointed Commissioner for the Tulsa Mayor's Commission on the Status of Women from three-year term Served on Tulsa Law Enforcement community race relations.

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SA

Samantha Areson

Work History

Seacoast Public Health Network- Substance Misuse Prevention Coordinator
Raymond, NH
3/22- Present

- Serves 23 towns in Rockingham County to promote effective population level substance misuse prevention policies, programs, and practices.

Center for Life Management- Community Support Counselor
Derry & Salem, NH
06/2021-3/2022

- Supports clients with co-occurring mental health needs and intellectual developmental disabilities, acquired brain injuries and/or autism identify and reach life goals.
- Encourages and supports clients to use the skills they learn in therapy in the community
- Assist clients with accessing programs and services available to them
- Provide transportation and therapeutic support to doctors and specialists
- Collaborates with treatment team and area agency for each client

Overlook Medical Center - Health Educator
Summit, NJ
06/2019- 06/2021

- Performs health screenings such as Blood Pressure, Glucose, Cholesterol, and BMI screenings to the residents of Union County, NJ
- Provides education and health screenings to the underserved and uninsured residence of Union County, NJ
- Records and documents the screenings for office use only.
- Educate the community about different common health problems such as diabetes, high blood pressure, cholesterol, etc. and how to control them safely.
- Created fun and innovative programs for adults and children of all ages to educate about different common health problems, and how to live a happy healthy lifestyle.
- Helped staff with completing the Community Health Benefit Report as well as approved or denied certain community programs that can be reported throughout Atlantic Health System.

Skills/ Trainings

- Excellent Time Management
- Organized
- Self-motivated
- Great Communication skills
- Ability to facilitate and work on a team
- Mental Health First Aid Training
- New England Summer School
- NH Care Givers Training

Education

May 2019
Caldwell University
Caldwell, NJ
Bachelor of Science: Public Health Education **Minor:** Psychology

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Recipient of Caldwell University High School Achievement Award
Member of the National Society of Leadership and Success
Member of the Caldwell University Public Health Education Club

Relevant Courses
Introduction to Public Health, Psychology, Introduction to Epidemiology, Medical Terminology, Public Health Planning and Evaluation, Anatomy & Physiology

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Yosita Thanjai

EDUCATION

University of New Hampshire | Manchester, NH — **Expected: June 2023**
Master of Public Health — **GPA: 3.55**

University of New Hampshire | Durham, NH — **May 2020**
Bachelor of Arts in Women's Studies, Minors in Public Health and Social Justice Leadership
- Dean's List: Fall 2018, Spring 2019, Fall 2019, and Spring 2020

PROFESSIONAL EXPERIENCE

Lamprey Health Care | Raymond, NH — **April 2022 - Present**
Community Health Worker/Program Coordinator
- *CHW for Seacoast Public Health Network (SPHN):*
  - Conducts outreach to vulnerable populations living in 23 towns in eastern Rockingham Country to support social determinants of health
  - Provides information and education regarding COVID-19 vaccination and strive to reduce barriers to access to care
  - Initiates the process of distributing N95 masks to community members
  - Coordinates on the development of SPHN Community Health Worker Outreach Plan
- *Program Coordinator for Southern New Hampshire Area Health Education Center (SNHAHEC):*
  - Manages placement process for health professional students
  - Coordinates Lamprey Healthcare's Nurse Practitioner Fellowships Program

Siddharth Services Inc. | Manchester, NH — **Aug 2020 - March 2022**
Program Manager
- Supervised day and residential program management services of 10-12 clients in accordance with the objectives in the Individual Service Agreement (ISA) and all regulations of NH Division on Mental Health and Development Services
- Led client-centered meetings (bi-weekly check ins, monthly home visits, quarterly team check ins)
- Organized appropriate services (medical, behavioral, speech therapy, etc.)
- Prepared and participated in the mandatory state site inspections

University of New Hampshire | Multiple Locations
Graduate Assistant | Manchester, NH — **April 2021 - June 2021**
Research Assistant | Durham, NH — **June 2020 - Aug 2020**

- Developed a program evaluation for the New Hampshire Occupational Health Surveillance Program, using data from interviews with major stakeholders and online survey responses through Qualtrics
- Co-authored an abstract submitted to American Public Health Association's 2020 Virtual Annual Meeting and Expo on topics related to the impact of COVID-19 on women and girls in Malawi

Prevention Innovations Research Center | Durham, NH — **Sep 2019 - Dec 2019**
Undergraduate Research Intern
- Administered data collection and development of a youth-specific survey to measure attitudes toward healthy relationships and with the creation of relationship violence and stalking content for the uSafeUS mobile app (Version 4)
- Generated data into SPSS Software and Excel while collaborating with other research assistants to develop 4 different sets of surveys with 46-57 questions, each on Qualtrics
- Conducted literature searches for two side projects, e.g. prevalence of sexual violence and aftermath of victimization in Kenya

Cambridge Women's Center | Cambridge, MA — **Jan 2019 - April 2019**
Data Management Intern
- Developed an effective data collection, analysis and management system using Google Sheets
- Crafted data into visuals and reports for grant proposals and new website launch in September 2019

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- Provided emotional support (verbal encouragement, active listening, reassurance) and resources (food, hygiene supplies, internet access, books, safe space) to 25-30 women in need during drop-in hours and on the helpline

SKILLS

- Language: fluent in Thai and English
- Computer: Google Analytics, Qualtrics, Microsoft Word, PowerPoint, Excel and Outlook
- Writing: proficient in analytical pieces, lab reports, subjective and objective styles

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Lamprey Health Care- Seacoast Public Health Network
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Paula Smith	Contract Administrator	$14521
Julia Meuse	PHEP Manager	$51083
Maria Reyes	COC Facilitator	$65924
Samantha Areson	SMP Coordinator	$47587
Yosita Thanjai	CHW Equity Coordinator	$22099
TBD	Accountant	$5313

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**
***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region; and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — Award Date: TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021
CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022
CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** **3/31/2021**

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** 5/17/2021

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — Award Date: 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — Award Date: 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-04)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Lamprey Health Care, Inc.		1.4 Contractor Address 207 S. Main Street, Newmarket, NH 03857	
1.5 Contractor Phone Number (603) 659-3106	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $860,672
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Greg White 70023A8E4829ADC...	6/6/2022 Date:	1.12 Name and Title of Contractor Signatory Greg White CEO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 8.0FB38F3B...	6/7/2022 Date:	1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino 748734844044460...		On: 6/7/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials GW
Date 6/6/2022

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.

Contractor Initials GW
Date 6/6/2022

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 omissions of the

Contractor Initials GW

Date 6/8/2022

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.

Contractor Initials DS GW

Date 6/6/2022

DocuSign Envelope ID: CFED3B38-6E29-46D1-8DF9-D8F9E322EA49

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

DS
GW
6/6/2022

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Seacoast region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information ~~not~~ be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.14.1.2.2. Complete a technical assistance needs assessment.

1.2.14.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.14.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.14.1.3.1. Attend community of practice meetings and/or activities.

1.2.14.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.14.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.14.1.3.4. Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 95% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 5% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   4.3. Identifies and requests payment for allowable costs incurred in the previous month.

   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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.

New Hampshire Department of Health and Human Services
Contractor Name: *Lamprey Health Care, Inc.*
Budget Request for: *Regional Public Health Services*
Budget Period: *SFY23 (July 1, 2023 - June 30, 2024)*
Indirect Cost Rate (if applicable): 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$13,401	$23,469	$59,610	$0	$125,515	$4,697	$5,500	$11,410
2. Fringe Benefits	$1,636	$2,865	$7,278	$0	$15,325	$574	$672	$1,951
3. Consultants	$0	$1,650	$0	$0	$1,100	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$1,870	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$550	$0	$0	$0	$4,950	$0	$809	$550
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$0	$0
5.(e) Supplies Office	$0	$330	$3,300	$0	$1,087	$0	$0	$0
6. Travel	$880	$358	$880	$0	$2,552	$0	$319	$550
7. Software	$0	$0	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$533	$558	$3,571	$0	$16,500	$10,666	$0	
8. (b) Other - Education and Training	$0	$0	$2,200	$0	$5,940	$0	$0	$440
8. (c) Other - Other (specify below)								
Other (Phone)	$0	$0	$0	$0	$990	$83	$0	$99
Other (Occupacy)	$0	$330	$660	$0	$858	$83	$0	
Other (Computer Operation)	$0	$330	$660	$0	$1,320	$99	$0	$0
Other (Board Expenses)	$0	$110	$220	$0	$0	$0	$0	$0
Other (Postage)					$330			
Other (meeting expenses)					$220			
9. Subrecipient Contracts	$33,000	$0	$22,000	$10,000	$26,400	$8,800	$7,700	$0
Total Direct Costs	$50,000	$30,000	$102,249	$10,000	$203,087	$25,000	$15,000	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$102,249	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$450,338

DS
GW
Contractor Initials
6/6/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Lamprey Health Care, Inc.*
Budget Request for: *Regional Public Health Services*
Budget Period *SFY24 (July 1, 2023 - June 30, 2024)*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$13,677	$23,469	$60,897	$0	$128,653	$5,500
2. Fringe Benefits	$1,670	$2,866	$7,436	$0	$15,709	$672
3. Consultants	$0	$1,650	$0	$0	$1,100	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$1,870	$0	$0	$0
5.(a) Supplies - Educational	$240	$0	$0	$0	$4,950	$809
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0
5.(e) Supplies Office	$0	$330	$3,300	$0	$1,087	$0
6. Travel	$880	$358	$880	$0	$2,552	$319
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$533	$558	$2,456	$0	$12,979	$0
8. (b) Other - Education and Training	$0	$0	$1,870	$0	$5,940	$0
8. (c) Other - Other (specify below)						
Other (Phone)	$0	$0	$0	$0	$990	$0
Other (Occupancy)	$0	$330	$660	$0	$858	$0
Other (Computer Operation)	$0	$330	$660	$0	$1,320	$0
Other (Board Expenses)	$0	$110	$220	$0	$0	$0
					$330	
					$220	
9. Subrecipient Contracts	$33,000	$0	$22,000	$10,000	$28,400	$7,700
Total Direct Costs	$50,000	$30,000	$102,249	$10,000	$203,087	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$102,249	$10,000	$203,087	$15,000
					TOTAL	$410,336

Contractor Initials GW

Date 6/6/2022

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

Vendor Initials GW
Date 6/6/2022

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: Lamprey Health Care

DocuSigned by:
Greg White
7D01...

6/6/2022
Date

Name: Greg White
Title: CEO

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

DS
GW
Contractor Initials
6/6/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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

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

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

Contractor Name: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

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: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

DS
GW
Contractor Initials

6/6/2022
Date

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, TitleXIII, 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.

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Lamprey Health Care
The State by:	Name of the Contractor
Patricia M. Tilley	Greg White
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Greg White
Name of Authorized Representative	Name of Authorized Representative
Director	CEO
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/6/2022
Date	Date

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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

Contractor Initials GW
Date 6/6/2022

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: 040254401

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Manchester Health Department ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on July 12, 2022, (Item #10), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,146,280

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 85% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

      1.2. 15% General funds.

3. Modify Exhibit C, Payment Terms, Section 3, to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in this fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1

SFY 23 Budget, 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 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

1/10/2023
Date

DocuSigned by:
Patricia M. Tilley
845FD39F68FD4C9...
Name: Patricia M. Tilley
Title: Director

Manchester Health Department

1/9/23
Date

Name: Joyce Craig
Title: Mayor

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

OFFICE OF THE ATTORNEY GENERAL

1/11/2023
Date

DocuSigned by:
Robyn Guarino
74675464494144B...
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:

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

New Hampshire Department of Health and Human Services

Contractor Name: *Manchester Health Department*

Budget Request for: *Regional Public Health Network Services*

Budget Period *Upon G & C Approval through June 30, 2023*

Indirect Cost Rate (if applicable) 2.73%

RFA-2023-DPHS-02-REGIO-05-01-A01

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)
1. Salary & Wages	$16,490	$0	$169,238	$4,589	$0	$0
2. Fringe Benefits	$12,566	$0	$90,582	$4,195	$0	$0
3. Consultants	$0	$25,000		$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$15,444	$0	$19,886	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$1	$0	$0	$0
5.(b) Supplies - Lab	$1,000	$0	$1	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$1,000	$0	$7,786	$0	$0	$0
5.(e) Supplies Office	$500	$1,065	$417	$416	$0	$0
6. Travel	$1,000	$0	$1	$0	$0	$0
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$500	$2,335	$1	$0	$0	$0
8. (b) Other - Education and Training	$500	$1,000	$1	$500	$0	$0
8. (c) Other - Other (specify below)						
Other (Expenses for Emergency Communications)			$2,001	$0	$0	$0
Other (please specify)	$0	$0		$0	$0	$0
Other (please specify)	$0	$0		$0	$0	$0
Other (please specify)	$0	$0		$0	$0	$0
9. Subrecipient Contracts	$0	$0		$0	$196,993	$23,806
Total Direct Costs	$49,000	$29,400	$289,915	$9,700	$196,993	$23,806
Total Indirect Costs	$1,000	$600	$7,142	$300	$6,093	$1,194
Subtotals	$50,000	$30,000	$297,057	$10,000	$203,086	$25,000
TOTAL						$615,143

Contractor Initials JC

Date 4/9/23

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CIP BUDGET AUTHORIZATION

CIP#:	210623	Project Year:	2023	CIP Resolution:	5/17/2022
Title:	Public Health Preparedness			Amending Resolution:	12/20/2022
Administering Department	Health Department			Revision:	#2

Project Description: These federally funded programs support the public health preparedness and response work of the Health Department as well as the expansion of public health services offered by the Health Department to include substance misuse prevention*. Through this program, improved disease surveillance and communicable disease control activities (including COVID-19) will be conducted to improve the health of Manchester residents and other communities in the Gr. Manchester Public Health Region.*subcontract with Makin it Happen.

Federal Grants	Federal Grant:	Yes	**Environmental**	Review Required:	No
	Grant Executed:			Completed:	

Critical Events

1.	Project Initiation	7/1/2022
2.	Project Completion	6/30/2023
3.		
4.		
5.		
		6/30/2023

In Board of Mayor and Aldermen
Date: 12/20/2022
On motion of Ald. Heath
Seconded by Ald. Trisciani
Voted to approve the budget authorizations
subject to the final adoption of related resolutions.

City Clerk

Line Item Budget	FEDERAL			TOTAL
Salaries and Wages	$420,955.00	$0.00	$0.00	$420,955.00
Fringes	$230,341.00	$0.00	$0.00	$230,341.00
Design/Engineering	$0.00	$0.00	$0.00	$0.00
Planning	$0.00	$0.00	$0.00	$0.00
Consultant Fees	$0.00	$0.00	$0.00	$0.00
Construction Admin	$0.00	$0.00	$0.00	$0.00
Land Acquisition	$0.00	$0.00	$0.00	$0.00
Equipment	$0.00	$0.00	$0.00	$0.00
Overhead	$0.00	$0.00	$0.00	$0.00
Construction Contracts	$0.00	$0.00	$0.00	$0.00
Other	$494,984.00	$0.00	$0.00	$494,984.00
TOTAL	$1,146,280.00	$0.00	$0.00	$1,146,280.00

Revisions: Revision #1-Increase budget $286,207 (from $801,068 to $1,087,275).
Revision #2 - Increase budget by $59,005 (from $1,087,275 to $1,146,280)

Comments: Source of Funds: NH DHHS

$1,146,280.00

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

CERTIFICATE OF VOTE

I, Matthew Normand, City Clerk for the City of Manchester, New Hampshire do hereby certify that:

1. I am duly elected City Clerk of the City of Manchester.
2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on December 20, 2022.

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

RESOLVED: That Joyce Craig, Mayor of the City of Manchester, hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as she may deem necessary, desirable, or appropriate.

3. The foregoing action has not been amended or revoked and remains in full force and effect as of December 20, 2022.
4. Joyce Craig is the duly elected Mayor of the City of Manchester.
5. This authority shall remain valid for thirty (30) days from the date of this certificate.

Signature of the Clerk of Municipality

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledged before me this 9th day of January, 2023 by Matthew Normand.

LISA M. MCCARTHY
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
June 24, 2025

Name of Notary Public

Commission Expiration Date: 6/24/2025

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

City of Manchester
New Hampshire

In the year Two Thousand and Twenty Two

A RESOLUTION

"Amending the FY2023 Community Improvement Program, authorizing and appropriating funds in the amount of Fifty-Nine Thousand Five Dollars ($59,005) for the FY 2023 CIP 210623 Public Health Preparedness."

Resolved by the Board of Mayor and Aldermen of the City of Manchester as follows:

WHEREAS, the Board of Mayor and Aldermen has approved the 2023 CIP as contained in the 2023 CIP budget; and

WHEREAS, the 2023 CIP contains all sources of funds to be used in the execution of projects; and

WHEREAS, the Board of Mayor and Aldermen wishes to allocate additional funding from the NH Department of Health and Human Services for public health preparedness;

NOW, THEREFORE, be it resolved that the 2023 CIP be amended as follows:

By increasing:

FY 2023 CIP 210623 Public Health Preparedness - $59,005 FEDERAL

Resolved, that this Resolution shall take effect upon its passage

December 20, 2022. In Board of Mayor and Aldermen. Passed to be Enrolled.

Mayor

A True Record. Attest. **City Clerk**

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

Kevin J. O'Neil
Risk Manager

CITY OF MANCHESTER

Office of Risk Management

CERTIFICATE OF COVERAGE

STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Alllison Goodwin, Contract Specialist
Bureau of Contract & Procurements
129 Pleasant Street
Concord, NH 03301

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

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
WORKER'S COMPENSATION	Statutory Limits	

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

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
For the Regional Public Health Network Services Grant period: July 1, 2022 through June 30, 2024.
Issued the 23rd day of May, 2022.

Kevin O'Neil hms
Kevin J. O'Neil Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528
TTY: 1-800-735-2964
E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

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GAC

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

Lori A. Shibinette
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

June 27, 2022

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 **Retroactive** contracts with the Contractors listed below in **bold** in an amount not to exceed $2,118,905 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, effective retroactive to July 1, 2022, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
City of Nashua	**177441**	**Greater Nashua**	**$1,031,630**
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Manchester Health Department	**177433**	**Greater Manchester**	**$1,087,275**
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Retroactive Subtotal	***$2,118,905***
		Total:	**$11,080,625**

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

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See attached fiscal details.

EXPLANATION

The request is **Retroactive** because the Department did not have the fully executed contract documents in time for Governor and Executive Council approval to prevent a lapse in services. The City of Nashua and the Manchester Health Department had to encumber the funds and receive approval from the Board of Alderman prior to the Mayor(s) executing the contract(s), which did not occur until June 22, 2022. This request includes the final two (2) contracts for Regional Public Health Network services. The Department presented the other eight (8) Regional Public Health Network contracts to the Governor and Executive Council on June 29, 2022.

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The two (2) Contractors oversee two (2) Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RPHN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza, as applicable and with relevant approvals from participating schools and students/staff.

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Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.
- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

DocuSigned by:
Ann H. Landry
24BAB37EDBEB488...

Lori A. Shibinette
Commissioner

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FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY AND PERFORMANCE, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$390,000

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.069 — FAIN #U90TP922018

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$135,852
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2023	$187,728
2024	102-500731	Contracts for Prog Svs	90077410	$135,852
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2024	$187,728
			Sub Total	$375,456

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$186,175
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,876
			Sub Total 2023	$238,051
2024	102-500731	Contracts for Prog Svs	90077410	$186,175
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$238,050
			Sub Total	$476,101

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$2,840,363

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

97% Federal Funds & 3% General Funds — **Award Date:** 2/10/2022

CFDA #93.959 — FAIN #TI084659

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,839,160

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

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds **Award Date:** **3/29/2021**
CFDA #93.268 FAIN #NH23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$120,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds **Award Date:** **TBD 7/1/2022**
CFDA #93.889 FAIN #U3REP190580

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$280,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — Award Date: 3/31/2021
CFDA #93.268 — FAIN #H23IP922595

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,300,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** 5/17/2021
CFDA #93.959 — FAIN #TI083955

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,831,102

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — Award Date: 8/27/2020

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Manchester Health Department — Vendor # 177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$325,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — **Award Date:** 5/27/2021

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165835-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$165,000
			TOTAL ALL	$11,080,625

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New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

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FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-05)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Manchester Health Department		1.4 Contractor Address 1528 Elm St, Manchester, NH 03101	
1.5 Contractor Phone Number (603) 624-6466	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $1,087,275
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Joyce Craig Date: 6/22/22		1.12 Name and Title of Contractor Signatory Joyce Craig Mayor	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/24/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Tahhmina Rahmatova		On: 6/24/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials JC
Date 6/22/22

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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Date 6/27/22

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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 Initials SFC

Date 8/22/22

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.

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Date 6/22/22

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Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

SC
6/22/22

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Greater Manchester region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Public Health Advisory Council.

1.1.5. Public Health Emergency Preparedness.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity

development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar

activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early intervention, treatment and recovery who can help guide and assist with awareness and

advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need,

high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and

meetings, as requested.

1.2.9. Public Health Advisory Council

1.2.9.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.9.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.9.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.9.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.9.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.9.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.9.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.9.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.9.1.2.6. Attend ~~Department~~-sponsored PHAC coordinating meetings as directed by the Department.

1.2.9.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.9.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.9.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.9.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.9.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.9.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.9.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.9.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.9.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.9.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on

the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.9.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.9.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.9.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.10. Public Health Emergency Preparedness

1.2.10.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.10.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.10.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.10.1.2.1. Improve regional emergency response plans.

1.2.10.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.10.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.10.1.2.4. Ensure and document committee and/or workgroup

review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.10.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.10.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.10.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.10.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.10.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.10.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.10.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.10.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.10.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.10.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.10.1.9. Understand the hazards and social conditions that increase vulnerability within the public health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.10.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.10.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.10.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.10.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.10.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.10.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.10.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.10.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.10.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.10.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.10.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.10.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.10.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.10.1.18.3. ORR site visit as scheduled by the ~~CDC and the~~ Department.

1.2.10.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.10.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.10.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.10.1.19.2. Uploading, at least annually, a complete inventory to a Health Information Management System (HIMS) identified by the Department.

1.2.10.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.10.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.10.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.10.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.10.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.10.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.10.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed

toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.10.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable disease can be accessed, according to guidance issued by the Department.

1.2.11. Public Health Emergency Preparedness: COVID-19 Response

1.2.11.1. Emergency Operations

1.2.11.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.11.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.11.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.11.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.11.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.11.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.11.2. Responder Safety and Health

1.2.11.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.11.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.11.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.11.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.11.3. Identification of Vulnerable Populations

1.2.11.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.11.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.11.4. Information Sharing and Public Information

1.2.11.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.11.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.11.4.1.2. Monitoring local news stories and social media postings to determine if information is

accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.11.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.11.5. Distribution and Use of Medical Materials

1.2.11.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.11.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.11.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.11.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.11.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.11.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.11.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.11.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all

policies and procedures put forth by the Department.

1.2.11.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.11.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.11.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.11.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10

Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.

1.2.11.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.11.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.11.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage

devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.11.6. Surge Staffing

1.2.11.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.11.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.11.6.2.1. Medical Reserve Corps (MRC).

1.2.11.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.11.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.11.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.11.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.11.7. Biosurveillance

1.2.11.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.11.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.11.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.11.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.11.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.11.7.1.5. Ensuring efficient and timely data collection.

1.2.11.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.11.8. Vaccine Preventable Disease Prevention

1.2.11.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.11.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.11.8.1.2. Recruit, train, and retain qualified medical and non-

medical volunteers to help operate the clinics.

1.2.11.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.11.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.11.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.11.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.11.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.11.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.11.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.11.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.11.8.2.7. Track each vaccine dose provided by NHIP.

1.2.11.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.11.8.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".

1.2.11.8.2.8.2. Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.11.8.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing

incident forms.

1.2.11.8.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.

1.2.11.8.3. Within 24 hours of the completion of every clinic:

1.2.11.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.11.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.11.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.11.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.11.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine

formulation and other demographic indicators as determined by the Department.

1.2.11.8.3.4.2. Total number of vaccines wasted.

1.2.11.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.11.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.11.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.11.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.11.8.3.5.4. Suggestions on how state level resources may aid increasing the number of vaccinated individuals

1.2.11.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.11.9. COVID-19 Vaccinations

1.2.11.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.11.9.1.1. Racial minority populations.

1.2.11.9.1.2. Ethnic minority populations.

1.2.11.9.1.3. Individuals experiencing homelessness.

1.2.11.9.1.4. Individuals experiencing housing instability.

1.2.11.9.1.5. Rural communities.

1.2.11.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.11.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine

confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.11.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.11.9.3.2. Federally Qualified Health Centers.

1.2.11.9.3.3. Community Mental Health Centers.

1.2.11.9.3.4. Community-based Organizations.

1.2.11.9.3.5. City Health Departments.

1.2.11.9.3.6. Faith-based Organizations.

1.2.11.9.3.7. Local barbers and hairdressers.

1.2.11.9.3.8. Community Colleges.

1.2.11.9.3.9. Schools.

1.2.11.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.11.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.11.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.11.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.11.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.11.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.11.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.11.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.11.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.11.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.11.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.11.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.11.9.10. Attend NHIP trainings.

1.2.11.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.11.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.11.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate

vaccine clinics, which shall include, but not be limited to:

1.2.11.10.1. Coordinating, operating, and managing clinics.

1.2.11.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.11.10.2.1. Two-way radios.

1.2.11.10.2.2. Cell phones.

1.2.11.10.2.3. Wi-Fi.

1.2.11.10.2.4. Computers.

1.2.11.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.11.10.3.1. Generator fuel.

1.2.11.10.3.2. Propane.

1.2.11.10.3.3. Oil.

1.2.11.10.3.4. Batteries.

1.2.11.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.11.10.4.1. Syringes.

1.2.11.10.4.2. Needles

1.2.11.10.4.3. Alcohol wipes.

1.2.11.10.4.4. Band aids.

1.2.11.10.4.5. Stickers.

1.2.11.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.11.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.11.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.11.10.7.1. Administering vaccines.

1.2.11.10.7.2. Participating in training, as requested.

1.2.11.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.11.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.12. Training and Technical Assistance Requirements

1.2.12.1. The Contractor shall participate in training and technical assistance as follows:

1.2.12.1.1. Public Health Advisory Council

1.2.12.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.12.1.1.2. Complete a technical assistance needs assessment.

1.2.12.1.2. Public Health Emergency Preparedness

1.2.12.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.12.1.2.2. Complete a technical assistance needs assessment.

1.2.12.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.12.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.12.1.3.1. Attend community of practice meetings and/or activities.

1.2.12.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.12.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.12.1.3.4. Attend additional meetings, conference calls and webinars as required by the Department.

1.2.12.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification

and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.12.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.12.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.6.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.6.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.6.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.6.4. Other information that may be required by federal and state funders during the contract period.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) ~~and~~ National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

1.4.5. The Contractor shall participate in meetings with the Department on a monthly basis, or as otherwise requested by the Department.

1.4.6. The Contractor shall conduct meetings with any and all vendors with whom they provide subawards, on at least a quarterly basis. Minutes of these meetings shall be provided to the Department.

1.4.7. The Contractor shall provide the Department with all subrecipient monitoring documentation from any and all vendors with whom they provide subawards, after it has been reviewed and approved by the Contractor.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 86% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
   1.2. 14% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

4.3. Identifies and requests payment for allowable costs incurred in the previous month.

4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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

Complete one budget form for each budget period.

Contractor Name: *Manchester Health Department*

Budget Request for: *Regional Public Health Network Services*

Budget Period: *SFY23 (July 1, 2022 to June 30, 2023)*

Indirect Cost Rate (if applicable): 3.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)
1. Salary & Wages	$18,490	$18,746	$150,490	$4,560	$0	$0
2. Fringe Benefits	$12,566	$10,587	$79,995	$4,195	$0	$0
3. Consultants	$0	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200*	$15,444	$0	$1	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$1	$0	$0	$0
5.(b) Supplies - Lab	$1,000	$0	$1	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$1,000	$0	$1	$0	$0	$0
5.(e) Supplies Office	$500	$65	$417	$416	$0	$0
6. Travel	$1,000	$0	$1	$0	$0	$0
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$500	$0	$1	$0	$0	$0
8. (b) Other - Education and Training	$500	$0	$1	$500	$0	$0
8. (c) Other - Other (specify below)						
Other (Expenses for Emergency Communications)			$1	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$196,994	$23,806
Total Direct Costs	$49,000	$29,400	$230,910	$9,700	$196,994	$23,806
Total Indirect Costs	$1,000	$600	$7,141	$300	$6,093	$1,194
Subtotals	$50,000	$30,000	$238,061	$10,000	$203,087	$25,000
TOTAL						$526,148

Contractor Initials: [signature]

Date: 6/22/22

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New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Manchester Health Department*

Budget Request for: *Regional Public Health Network Services*

Budget Period: *SFY24 (July 1, 2023 to June 30, 2024)*

Indirect Cost Rate (if applicable): 3.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAB)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School Based Vaccination
1. Salary & Wages	$16,490	$18,748	$150,490	$4,910	$0	$0
2. Fringe Benefits	$12,566	$10,587	$79,995	$4,615	$0	$0
3. Consultants	$0	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$15,444	$0	$1	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$1	$0	$0	$0
5.(b) Supplies - Lab	$1,000	$0	$1	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$1,000	$0	$1	$0	$0	$0
5.(e) Supplies Office	$500	$0	$417	$175	$0	$0
6. Travel	$1,000	$0	$1	$0	$0	$0
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$500	$0	$1	$0	$0	$0
8. (b) Other - Education and Training	$500	$665	$1	$0	$0	$0
8. (c) Other - Other (specify below)						
Other (Expenses for Emergency Communications)		$0	$1	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$196,994	$0
Total Direct Costs	$49,000	$30,000	$230,910	$9,700	$196,994	$0
Total Indirect Costs	$1,000	$0	$7,140	$300	$6,093	$0
Subtotals	$50,000	$30,000	$238,050	$10,000	$203,087	$0
TOTAL						$531,137

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

1. The grantee certifies that it will or will continue to provide a drug-free workplace by:
   1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
   1.2. Establishing an ongoing drug-free awareness program to inform employees about
      1.2.1. The dangers of drug abuse in the workplace;
      1.2.2. The grantee's policy of maintaining a drug-free workplace;
      1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
      1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
   1.3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by subparagraph 1.1.
   1.4. Notifying the employee in the statement required by subparagraph 1.1 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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has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
   1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

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

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

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

Contractor Name:

6/22/22
Date

Name: Joyce Craig
Title: Mayor

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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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name:

6/22/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name:

6/22/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

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DocuSign Envelope ID: 3C03CEC6-F784-460A-A917-CD2B59E101A6

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.

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:

6/22/22
Date

Name: Joyce Craig
Title: Mayor

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

DocuSign Envelope ID: 3C03CEC6-F784-460A-A917-CD2B59E101A5

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:

PLEASE SIGN & DATE

6/22/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

DocuSign Envelope ID: 3C03CEC6-F784-460A-A917-CD2B59E101A6

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, TitleXIII, 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.

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.

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

The State	City of Manchester Health Department
Name of the State Agency	Name of the Contractor
Patricia M. Tilley	Joyce Craig
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Joyce Craig
Name of Authorized Representative	Name of Authorized Representative
Director	Mayor
Title of Authorized Representative	Title of Authorized Representative
6/24/2022	6/22/22
Date	Date

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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 $30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $30,000 or more. If the initial award is below $30,000 but subsequent grant modifications result in a total award equal to or over $30,000, 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 Entity Identifier (SAM UEI; Formerly 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:

6/22/22
Date

Joyce Craig
Name: Joyce Craig
Title: Mayor

DocuSign Envelope ID: 03626E89-E38F-4B63-A980-7C870CDD6471

DocuSign Envelope ID: 3C03CEC6-F784-460A-A917-CD2B59E101A6

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 UEI (SAM.gov) number for your organization is: 790913636

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

   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 X YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic



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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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



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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R..Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.



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



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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mary Hitchcock Memorial Hospital ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,736,504

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 92% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

      1.2. 8% General funds.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-4, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1

SFY 23 Budget, which is attached here to and incorporated by reference herein.

5. Modify Exhibit C-3, SFY 23 Budget by replacing it in its entirety with Exhibit C-3 Amendment #1 SFY 23 Budget, which is attached here to 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 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

1/17/2023
Date

DocuSigned by:
Patricia M. Tilley
840FB38F3DFD4C8...
Name: Patricia M. Tilley
Title: Director

Mary Hitchcock Memorial Hospital

1/16/2023
Date

DocuSigned by:
Edward J. Merrens, MD
8ACA3CEC40CC438...
Name: Edward J. Merrens, MD
Title: Chief Clinical Officer

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

OFFICE OF THE ATTORNEY GENERAL

1/17/2023
Date

DocuSigned by:
Robyn Guarino
74873484494146D...
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:

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New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *RPHN-Upper Valley*

Budget Period *Upon G & C Approval through June 30, 2023*

Indirect Cost Rate (if applicable) 15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$12,909	$8,275	$48,687	$5,298	$107,410	$6,247	$4,834	$1
2. Fringe Benefits	$4,105	$2,631	$15,482	$1,684	$34,156	$1,985	$1,474	$1
3. Consultants	$5,098	$1	$1	$1	$7,500	$1	$3,870	$1
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$1	$0	$0	$0	$0	$1
5.(a) Supplies - Educational	$1	$1	$1	$1	$1	$1	$1	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1	$1	
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$1	$1	$1,000	$1	$1	$13,403	$1	$1
5.(e) Supplies Office	$1	$1	$500	$1	$1	$1	$1	$1
6. Travel	$1,170	$1	$4,849	$1	$10,816	$1	$1	$1
7. Software	$1	$1		$1	$1,788	$1	$1	$1
8. (a) Other - Marketing/Communications	$1	$2,183	$850	$1	$9,007	$1	$1	$1
8. (b) Other - Education and Training	$1	$1	$1,007	$1	$2,150	$1	$1	$1
8. (c) Other - Other (specify below)								$1
Other (MRC member liability insurance reimbursement)	$0	$0	$0	$1,666	$0	$0	$0	
Other (SPPFA and PHEP - Laptop and peripherals)	$0	$0	$0	$0	$3,000	$0	$0	
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	
9. Subrecipient Contracts	$20,000	$12,875	$1	$1	$1	$1	$3,000	$160,970
Total Direct Costs	$43,290	$25,973	$72,381	$8,657	$175,833	$21,645	$12,987	$160,983
Total Indirect Costs	$6,710	$4,027	$11,219	$1,343	$27,254	$3,355	$2,013	$3,876
Subtotals	$50,000	$30,000	$83,600	$10,000	$203,087	$25,000	$15,000	$164,859
							TOTAL	$581,546

Contractor Initials EH

Date 1/16/2023

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New Hampshire Department of Health and Human Services	
Contractor Name:	Mary Hitchcock Memorial Hospital
Budget Request for:	RPHN-Greater Sullivan County
Budget Period	Upon G & C Approval through June 30, 2023
Indirect Cost Rate (if applicable)	15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics
1. Salary & Wages	$8,197	$11,022	$46,831	$5,359	$110,944	$6,351	$5,990
2. Fringe Benefits	$2,607	$3,505	$14,892	$1,704	$35,280	$2,888	$1,905
3. Consultants	$6,500	$1	$1	$1	$6,500	$1	$1,747
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$1	$0	$0	$0	$1
5.(a) Supplies - Educational	$1	$1	$1	$1	$1,500	$1	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1	$1
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$1,500	$1	$750	$1	$1	$5,900	$1
5.(e) Supplies Office	$1,000	$655	$500	$1	$500	$1	$1
6. Travel	$1,480	$784	$5,152	$339	$5,595	$598	$336
7. Software	$1	$1	$1	$1	$1	$1	$1
8. (a) Other - Marketing/Communications	$1	$1	$1,449	$1	$12,259	$5,900	$1
8. (b) Other - Education and Training	$1	$1,000	$1,000	$1	$3,250	$1	$1
8. (c) Other - Other (specify below)							
Other (Office space rental and utilities)	$0	$9,000	$0	$0	$0	$0	$0
*Other (Food for vaccination clinics (*Non-federal portion of funding)*	$0	$0	$0	$0	$0	$0	$0
Other (MRC member liability insurance reimbursement	$0	$0	$0	$1,245	$0	$0	$0
Other (PHEP Laptop and Peripherals)	$0	$0	$1,800	$0	$0	$0	$0
9. Subrecipient Contracts	$22,000	$1	$1	$1	$1	$1	$3,000
Total Direct Costs	$43,290	$25,974	$72,381	$8,657	$175,833	$21,645	$12,987
Total Indirect Costs	$6,710	$4,026	$11,219	$1,343	$27,254	$3,355	$2,013
Subtotals	**$50,000**	**$30,000**	**$83,600**	**$10,000**	**$203,087**	**$25,000**	**$15,000**
						TOTAL	$ 416,687

Contractor Initials EH

Date 1/16/2023

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State of New Hampshire

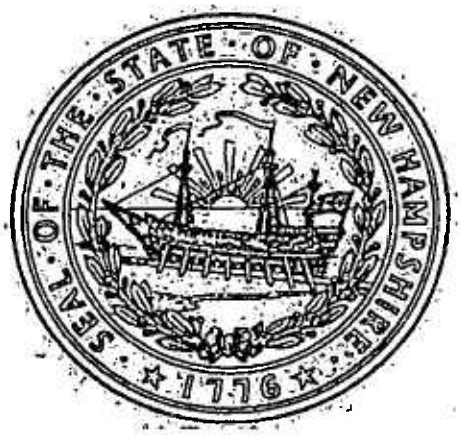
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that MARY HITCHCOCK MEMORIAL HOSPITAL is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 07, 1889. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **68517**

Certificate Number: **0005760740**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of April A.D. 2022.

David M. Scanlan

Secretary of State

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Dartmouth Health

Dartmouth-Hitchcock | Dartmouth-Hitchcock Health

CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital, do hereby certify that:

1. I am the duly elected Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital;
2. The following is a true and accurate excerpt from the June 23rd, 2017 Bylaws of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital:
   ARTICLE I – Section A. Fiduciary Duty. Stewardship over Corporate Assets
   "In exercising this [fiduciary] duty, the Board may, consistent with the Corporation's Articles of Agreement and these Bylaws, delegate authority to the Board of Governors, Board Committees and various officers the right to give input with respect to issues and strategies, incur indebtedness, make expenditures, enter into contracts and agreements and take such other binding actions on behalf of the Corporation as may be necessary or desirable in furtherance of its charitable purposes."
3. Article I – Section A, as referenced above, provides authority for the chief officers, including the Chief Executive Officer, the Chief Clinical Officer, and other officers, of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital to sign and deliver, either individually or collectively, on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. Edward J. Merrens, MD, is the Chief Clinical Officer of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital and therefore has the authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
5. The foregoing authority shall remain in full force and effect as of the date of the agreement executed or action taken in reliance upon this Certificate. This authority shall remain valid for thirty (30) days from the date of this Certificate and the State of New Hampshire shall be entitled to rely upon same, until written notice of modification, rescission or revocation of same, in whole or in part, has been received by the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand as the Chair of the Board of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 4th day of January, 2023

Roberta L. Hines, MD, Board Chair

STATE OF NH

COUNTY OF GRAFTON

The foregoing instrument was acknowledged before me this 4th day of January, 2023 by Roberta L Hines, MD.

Notary Public

My Commission Expires: 8/4/2026

BETH E. JOHNSTON
NOTARY PUBLIC
NEW HAMPSHIRE
COMMISSION EXPIRES AUG. 4, 2026

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CERTIFICATE OF INSURANCE

DATE: November 16, 2022

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Mary Hitchcock Memorial Hospital
One Medical Center Drive Lebanon,
NH 03756
(603)653-6850

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

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH OCCURRENCE	$2,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	CLAIMS MADE				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$2,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH CLAIM	$2,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

NH Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



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DARTHIT-01 CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauren.Stiles@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER A : Safety National Casualty Corporation — 15105 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐	N/A		AGC4066562	7/1/2022	7/1/2023	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

Evidence of Workers Compensation coverage for

Cheshire Medical Center
Dartmouth-Hitchcock Health
Mary Hitchcock Memorial Hospital
Alice Peck Day Memorial Hospital
New London Hospital Association
Mt. Ascutney Hospital and Health Center

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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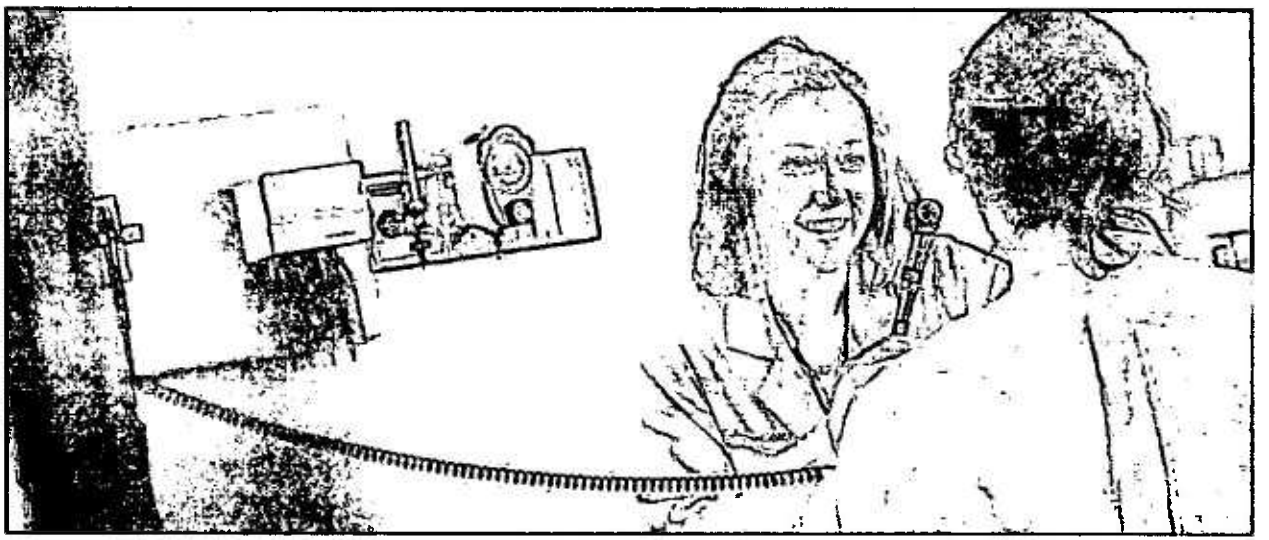
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About Dartmouth-Hitchcock

Dartmouth-Hitchcock (D-H) is comprised of the Dartmouth-Hitchcock Medical Center (DHMC) and several clinics throughout New Hampshire and Vermont. Our physicians and researchers collaborate with Geisel School of Medicine scientists and faculty as well as other leading health care organizations to develop new treatments at the cutting edge of medical practice bringing the latest medical discoveries to the patient.

Dartmouth-Hitchcock includes:

Dartmouth-Hitchcock Medical Center (DHMC)



DHMC is the state's only academic medical center, and the only Level I Adult and Pediatric Trauma Center in New Hampshire. The Dartmouth-Hitchcock Advanced Response Team (DHART), based in Lebanon and Manchester, provides ground and air medical transportation to communities throughout northern New England. DHMC was named in 2021 as the #1

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hospital in New Hampshire by U.S. News & World Report (https://health.usnews.com/best-hospitals/area/nh), and recognized for high performance in nine clinical specialties, procedures, and conditions.

The Dartmouth-Hitchcock Clinic

The Dartmouth-Hitchcock Clinic is a network of primary and specialty care physicians located throughout New Hampshire and Vermont, with major community group practices in Lebanon, Concord, Manchester, Nashua, and Keene, New Hampshire, and Bennington, Vermont.

Mary Hitchcock Memorial Hospital

Mary Hitchcock Memorial Hospital is New Hampshire's only teaching hospital, with an inpatient capacity of 396 beds.



Children's Hospital at Dartmouth-Hitchcock (CHaD)

CHaD is New Hampshire's only children's hospital and a member of the Children's Hospital Association, providing advanced pediatric inpatient, outpatient and surgical services at DHMC in Lebanon as well as in Bedford, Concord, Manchester, Nashua, and Dover, New Hampshire.

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Norris Cotton Cancer Center (NCCC)

NCCC is a designated Comprehensive Cancer Center by the National Cancer Institute, and is one of the premier facilities for cancer treatment, research, prevention, and education. Interdisciplinary teams, devoted to the treatment of specific types of cancer, work together to care for patients of all ages in Lebanon, Manchester, Nashua, Keene, New Hampshire, and St. Johnsbury, Vermont.

Our mission, vision, and values

Our mission

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

Our vision

Achieve the healthiest population possible, leading the transformation of health care in our region and setting the standard for our nation.

Our values

- Respect
- Integrity

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- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

Learn more about us

- Facts and Figures
- Community Outreach
- Collaborations
- Population Health
- Awards and Honors
- History

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Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2021 and 2020
EIN #02-0222140

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Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2021 and 2020

Page(s)

Report of Independent Auditors 1–3

Consolidated Financial Statements

Balance Sheets 4

Statements of Operations and Changes in Net Assets 5–6

Statements of Cash Flows 7

Notes to Financial Statements 8–51

Consolidating Supplemental Information - Unaudited

Balance Sheets 53–56

Statements of Operations and Changes in Net Assets without Donor Restrictions 57–60

Schedule of Expenditures of Federal Awards

Schedule of Expenditures of Federal Awards 62–70

Notes to Schedule of Expenditures of Federal Awards 71–72

Part II Reports on Internal Control and Compliance

Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* 74–75

Report of Independent Auditors on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with the Uniform Guidance 76–77

Part III Findings and Questioned Costs

Schedule of Findings and Questioned Costs 79

Summary Schedule of Prior Audit Findings and Status 80

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Part I

Financial Statements and Schedule of Expenditures of Federal Awards

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Report of Independent Auditors

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on the consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Dartmouth-Hitchcock and its subsidiaries as of June 30, 2021 and 2020, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, changes in net assets and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations, changes in net assets and cash flows of the individual companies.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards for the year ended June 30, 2021 is presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and is not a required part of the consolidated financial statements. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, Massachusetts 02210
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

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Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 18, 2021 on our consideration of the Health System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on the effectiveness of internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health System's internal control over financial reporting and compliance.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 18, 2021

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, Massachusetts 02210
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Assets		
Current assets		
Cash and cash equivalents	$ 374,928	$ 453,223
Patient accounts receivable (Note 4)	232,161	183,819
Prepaid expenses and other current assets	157,318	161,906
Total current assets	764,407	798,948
Assets limited as to use (Notes 5 and 7)	1,378,479	1,134,526
Other investments for restricted activities (Notes 5 and 7)	168,035	140,580
Property, plant, and equipment, net (Note 6)	680,433	643,586
Right of use assets, net (Note 16)	58,410	57,585
Other assets	177,098	137,338
Total assets	$ 3,226,862	$ 2,912,563
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 9,407	$ 9,467
Current portion of right of use obligations (Note 16)	11,289	11,775
Current portion of liability for pension and other postretirement plan benefits (Note 11 and 14)	3,468	3,468
Accounts payable and accrued expenses	131,224	129,016
Accrued compensation and related benefits	182,070	142,991
Estimated third-party settlements (Note 3 and 4)	252,543	302,525
Total current liabilities	590,001	599,242
Long-term debt, excluding current portion (Note 10)	1,126,357	1,138,530
Long-term right of use obligations, excluding current portion (Note 16)	48,167	46,456
Insurance deposits and related liabilities (Note 12)	79,974	77,146
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11 and 14)	224,752	324,257
Other liabilities	214,714	143,678
Total liabilities	2,283,965	2,329,309
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	758,627	431,026
Net assets with donor restrictions (Notes 8 and 9)	184,270	152,228
Total net assets	942,897	583,254
Total liabilities and net assets	$ 3,226,862	$ 2,912,563

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Operating revenue and other support		
Net patient service revenue (Note 4)	$ 2,138,287	$ 1,880,025
Contracted revenue	85,263	74,028
Other operating revenue (Note 5)	424,958	374,622
Net assets released from restrictions	15,201	16,260
Total operating revenue and other support	2,663,709	2,344,935
Operating expenses		
Salaries	1,185,910	1,144,823
Employee benefits	302,142	272,872
Medications and medical supplies	545,523	455,381
Purchased services and other	383,949	360,496
Medicaid enhancement tax (Note 4)	72,941	76,010
Depreciation and amortization	88,921	92,164
Interest (Note 10)	30,787	27,322
Total operating expenses	2,610,173	2,429,068
Operating income (loss)	53,536	(84,133)
Non-operating gains (losses)		
Investment income, net (Note 5)	203,776	27,047
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,559	10,810
Other losses, net (Note 10)	(4,233)	(2,707)
Total non-operating gains, net	213,102	35,150
Excess (deficiency) of revenue over expenses	$ 266,638	$ (48,983)

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 266,638	$ (48,983)
Net assets released from restrictions for capital	2,017	1,414
Change in funded status of pension and other postretirement benefits (Note 11)	59,132	(79,022)
Other changes in net assets	(186)	(2,316)
Increase (decrease) in net assets without donor restrictions	327,601	(128,907)
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	30,107	26,312
Investment income, net	19,153	1,130
Net assets released from restrictions	(17,218)	(17,674)
Increase in net assets with donor restrictions	32,042	9,768
Change in net assets	359,643	(119,139)
Net assets		
Beginning of year	583,254	702,393
End of year	$ 942,897	$ 583,254

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2021 and 2020

(in thousands of dollars)	2021	2020
Cash flows from operating activities		
Change in net assets	$ 359,643	$ (119,139)
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	88,904	93,704
Amortization of bond premium, discount, and issuance cost, net	(2,820)	153
Amortization of right of use asset	10,034	8,218
Payments on right of use lease obligations - operating	(9,844)	(7,941)
Change in funded status of pension and other postretirement benefits	(59,132)	79,022
Loss (gain) on disposal of fixed assets	592	(39)
Net realized gains and change in net unrealized gains on investments	(228,489)	(14,060)
Restricted contributions and investment earnings	(3,445)	(3,605)
Changes in assets and liabilities		
Patient accounts receivable	(48,342)	37,306
Prepaid expenses and other current assets	4,588	(78,907)
Other assets, net	(39,760)	(13,385)
Accounts payable and accrued expenses	1,223	9,772
Accrued compensation and related benefits	39,079	14,583
Estimated third-party settlements	9,787	260,955
Insurance deposits and related liabilities	2,828	18,739
Liability for pension and other postretirement benefits	(40,373)	(35,774)
Other liabilities	11,267	19,542
Net cash provided by operating and non-operating activities	95,740	269,144
Cash flows from investing activities		
Purchase of property, plant, and equipment	(122,347)	(128,019)
Proceeds from sale of property, plant, and equipment	316	2,987
Purchases of investments	(95,943)	(321,152)
Proceeds from maturities and sales of investments	75,071	82,986
Net cash used in investing activities	(142,903)	(363,198)
Cash flows from financing activities		
Proceeds from line of credit	-	35,000
Payments on line of credit	-	(35,000)
Repayment of long-term debt	(9,183)	(10,665)
Proceeds from issuance of debt	-	415,336
Repayment of finance lease	(3,117)	(2,429)
Payment of debt issuance costs	(230)	(2,157)
Restricted contributions and investment earnings	3,445	3,605
Net cash (used in) provided by financing activities	(9,085)	403,690
(Decrease) increase in cash and cash equivalents	(56,248)	309,636
Cash and cash equivalents		
Beginning of year	453,223	143,587
End of year	$ 396,975	$ 453,223
Supplemental cash flow information		
Interest paid	$ 41,819	$ 22,562
Construction in progress included in accounts payable and accrued expenses	16,192	17,177

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows.

	2021	2020
Cash and cash equivalents	$ 374,928	$ 453,223
Cash and cash equivalents included in assets limited as to use	18,500	-
Restricted cash and cash equivalents included in Other investments for restricted activities	3,547	-
Total of cash, cash equivalents and restricted cash shown in the consolidated statements of cash flows	$ 396,975	$ 453,223

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

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association (NLH) and Subsidiaries, Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and the Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and Subsidiaries. The "Health System" consists of D-HH, its members and their subsidiaries.

The Health System currently operates one tertiary, one community and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC and VNH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

On September 30, 2019, D-HH and GraniteOne Health (GOH) entered into an agreement (The Combination Agreement) to combine their respective healthcare systems. The GOH system is comprised of Catholic Medical Center (CMC), an acute care community hospital in Manchester, New Hampshire, Huggins Hospital (HH) located in Wolfeboro, NH and Monadnock Community Hospital, (MCH) located in Peterborough, NH. Both HH and MCH are designated as Critical Access Hospitals (CAH). The three member hospitals of GOH have a combined licensed bed count of 380 beds. GOH is a non-profit, community based health care system. The overarching rationale for the proposed combination is to improve access to high quality primary and specialty care in the most convenient, cost-effective sites of service for patients and the communities served by D-HH and GOH. Other stated benefits of the combination include reinforcing the rural health network, investing in needed capacity to accommodate unmet and anticipated demand, and drawing on our combined strengths to attract the necessary health care workforce. The parties have submitted regulatory filings with the Federal Trade Commission and the New Hampshire Attorney General's office seeking approval of the proposed transaction. As of June 30, 2021, the proposed combination remains under regulatory review.

Community Benefits

The mission of the Health System is to advance health through clinical practice and community partnerships, research and education, providing each person the best care, in the right place, at the right time, every time.

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Consistent with this mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System also seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state community benefit report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Services* include activities carried out to improve community health and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Research Support and Other Grants* represent costs in excess of awards for numerous health research and service initiatives awarded to the organizations within the Health System.

- *Financial Contributions* include financial contributions of cash, as well as in-kind contributions such as time, supplies, and expertise to local organizations to address community health needs.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

- *Community Benefit Operations* includes costs associated with staff dedicated to administering benefit programs, community health needs assessment costs, and other costs associated with community benefit planning and operations.

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- *Charity Care and Costs of Government Sponsored Health Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs, and uncompensated costs of providing health care services to patients who are Medicaid Beneficiaries.

- *The Uncompensated Cost of Care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2020 was approximately $182,209,000. The 2021 Community Benefits Reports are expected to be filed in February 2022.

The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2021:

(in thousands of dollars)

Government-sponsored healthcare services	$	309,203
Health professional education		38,978
Charity care		17,441
Subsidized health services		17,341
Community health services		13,866
Research		7,064
Community building activities		4,391
Financial contributions		3,276
Community benefit operations		57
Total community benefit value	$	411,617

In fiscal years 2021 and 2020, funds received to offset or subsidize charity care costs provided were $848,000 and $1,224,000, respectively.

2. Summary of Significant Accounting Policies

Basis of Presentation
The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, and gains and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

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Use of Estimates
The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

Excess (Deficiency) of Revenue over Expenses
The consolidated statements of operations and changes in net assets include the excess (deficiency) of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including contribution of net assets without donor restrictions from acquisitions, loss on early extinguishment of debt, realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating gains (losses).

Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses, consistent with industry practice, include contributions of long-lived assets including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets, and change in funded status of pension and other postretirement benefit plans.

Charity Care
The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Health System grants credit without collateral to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue
The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

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Contracted Revenue
The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs and certain facility and equipment leases and other professional service contracts have been classified as contracted revenue in the accompanying consolidated statements of operations and changes in net assets.

Other Revenue
The Health System recognizes other revenue which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue primarily consists of revenue from retail pharmacy, which the Health System records as customer revenues in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription. Other revenue also includes the Department of Health and Human Services ("HHS") Coronavirus Aid, Relief, and Economic Securities Act ("CARES Act" Provider Relief Funds ("Provider Relief Funds") operating agreements, grant revenue, cafeteria sales and other support service revenue (Note 3).

Cash Equivalents
Cash and cash equivalents include amounts on deposit with financial institutions; short-term investments with maturities of three months or less at the time of purchase and other highly liquid investments, primarily cash management funds, which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid investments, otherwise qualifying as cash equivalents, included within the Health System's endowment and similar investment pools are classified as investments, at fair value and therefore are excluded from Cash and cash equivalents in the Statements of Cash Flows.

Investments and Investment Income
Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the excess (deficiency) of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the excess (deficiency) of revenue over expenses.

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Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the excess (deficiency) of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments
The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, Plant, and Equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

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

Bond Issuance Costs
Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

Intangible Assets and Goodwill
The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded $9,403,000 and $10,007,000 as intangible assets associated with its affiliations as of June 30, 2021 and 2020, respectively.

Gifts
Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

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Recently Issued Accounting Pronouncements
In August 2018, FASB issued *ASU No. 2018-15, Intangibles – Goodwill and Other – Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That is a Service Contract*. This ASU aligns the requirements for capitalizing implementation costs incurred in a hosting arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software or software licenses. The ASU is effective for fiscal year 2022 and the Health System is evaluating the impact of the new guidance on the consolidated financial statements.

3. COVID – 19's Impact on Dartmouth-Hitchcock Health

Throughout the 18 months since New Hampshire's first COVID-19 patient presented at Dartmouth-Hitchcock Health's academic medical center campus in Lebanon, New Hampshire, the organization has responded to meet the needs of our patients, community and staff, transforming as necessary to resume operations. Personal Protective Equipment (PPE), which was critically short at the outset of the pandemic, is now readily available. D-HH'S academic medical center campus continues to serve as the referral site for the state's and region's most complex COVID cases.

There have been three primary points of clinical emphasis in responding to COVID-19: telehealth, laboratory medicine, and clinical trials throughout the past year and a half. The pace and volume of COVID-19 response lessened in this past quarter, as vaccination efforts and declining case counts in D-HH's service area have made a significant difference in the necessary clinical response. While demand for telehealth has seen an expected drop in utilization from the daily virtual encounters seen early in the pandemic, in December 2020, D-HH's Center for Telehealth launched a virtual Urgent Care service for beneficiaries of the D-H health plan. In April, it was expanded as a general consumer offering and we continue to provide telehealth services to, and create partnerships with, an expanding number of hospitals and health systems around the region.

The learned and lived experiences of the past 18 months have positioned D-HH well to continue its economic recovery as we have found the clinical balance between caring for COVID-19 patients while continuing to care for non-COVID cases.

Health and Human Services ("HHS") Provider Relief Funds

D-HH received $65,600,000 and $88,700,000 from the Provider Relief funds for the years ended June 30, 2021 and 2020, respectively. We will continue to pursue Provider Relief funds as available and required to provide support to D-HH.

Medicare and Medicaid Services ("CMS") expanded Accelerated and Advance Payment Program

D-HH received a total of $272,600,000 of temporary funds received from the Cares Act in the form of CMS prepayment advances of $239,500,000 and accumulated payroll tax deferrals of $33,100,000. In October 2020, new regulations were issued to revise the recoupment start date from August 2020 to April 2021.

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HHS Reporting Requirements for the CARES Act

In June 2021, HHS issued new reporting requirements for the CARES Act Provider Relief Funding. The new requirements first require Hospitals to identify healthcare-related expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source. If those expenses do not exceed the Provider Relief funding received, Hospitals will need to demonstrate that the remaining Provider Relief funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funding in excess of the sum of expenses attributable to the COVID-19 pandemic that remain unreimbursed by another source and the decline in patient care revenue. Due to these new reporting requirements there is at least a reasonable possibility that amounts recorded under the CARES Act Provider Relief fund by the Health System may change in future periods.

4. Net Patient Service Revenue and Accounts Receivable

The Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Health System under the traditional fee-for service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system ("PPS") to determine rates-per-discharge. These rates vary according to a patient classification system ("DRG"), based on diagnostic, clinical and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to New Hampshire ("NH") and Vermont ("VT") Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis or fee schedules for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by CAH are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (Plans) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The Plans are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the Plans following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and as such are not reported in net patient service revenue.

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of annual net patient revenue. In fiscal years 2021 and 2020, home health provider taxes paid were $623,000 and $624,000, respectively.

Medicaid Enhancement Tax & Disproportionate Share Hospital
On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2020 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2021 and 2020, the Health System received DSH payments of approximately, $67,940,000 and $71,133,000 respectively. DSH payments are subject to audit and therefore, for the years ended June 30, 2021 and 2020, the Health System recognized as revenue DSH receipts of approximately $61,602,000 and approximately $67,500,000, respectively.

During the years ended June 30, 2021 and 2020, the Health System recorded State of NH MET and State of VT Provider taxes of $72,941,000 and $76,010,000, respectively. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the consolidated statements of operations and changes in net assets.

Implicit Price Concessions
Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2021 and 2020, the Health System had reserves of $252,543,000 and $302,525,000, respectively, recorded in Estimated third-party settlements. As of June 30, 2021 and 2020, Estimated third-party settlements includes $179,382,000 and $239,500,000, respectively, of Medicare accelerated and advanced payments, received as working capital support during COVID-19 outbreak. As of June 30, 2021 and 2020, Other liabilities include $43,612,000 and $10,900,000, respectively.

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For the years ended June 30, 2021 and 2020, additional increases in revenue of $4,287,000 and $2,314,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues for the hospital operations of the PPS and CAH, and other business segments consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

The table below shows the Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2021 and 2020.

	2021		
(in thousands of dollars)	PPS	CAH	Total
Hospital			
Medicare	$ 526,114	$ 81,979	$ 608,093
Medicaid	144,434	11,278	155,712
Commercial	793,274	73,388	866,662
Self Pay	4,419	(721)	3,698
Subtotal	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
VNA			20,006
Subtotal			2,138,287
Other Revenue			462,517
Provider Relief Fund			62,905
Total operating revenue and other support			$ 2,663,709

	2020		
(in thousands of dollars)	PPS	CAH	Total
Hospital			
Medicare	$ 461,990	$ 64,087	$ 526,077
Medicaid	130,901	10,636	141,537
Commercial	718,576	60,715	779,291
Self Pay	2,962	2,501	5,463
Subtotal	1,314,429	137,939	1,452,368
Professional	383,503	22,848	406,351
Subtotal	1,697,932	160,787	1,858,719
VNA			21,306
Subtotal			1,880,025
Other Revenue			376,185
Provider Relief Fund			88,725
Total operating revenue and other support			$ 2,344,935

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Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2021 and 2020:

	2021	2020
Medicare	34%	36%
Medicaid	13%	13%
Commercial	41%	39%
Self Pay	12%	12%
Total	100%	100%

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5. Investments

The composition of investments at June 30, 2021 and 2020 is set forth in the following table:

(in thousands of dollars)	2021	2020
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 24,692	$ 9,646
U.S. government securities	157,373	103,977
Domestic corporate debt securities	322,616	199,462
Global debt securities	74,292	70,145
Domestic equities	247,486	203,010
International equities	81,060	123,205
Emerging markets equities	52,636	22,879
Global equities	79,296	-
Real Estate Investment Trust	422	313
Private equity funds	110,968	74,131
Hedge funds	-	36,964
	1,150,841	843,732
Investments held by captive insurance companies (Note 11)		
U.S. government securities	26,759	15,402
Domestic corporate debt securities	5,979	8,651
Global debt securities	6,617	8,166
Domestic equities	11,396	15,150
International equities	6,488	7,227
	57,239	54,596
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	170,399	236,198
Total assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities		
Cash and short-term investments	13,400	7,186
U.S. government securities	28,330	28,055
Domestic corporate debt securities	40,676	35,440
Global debt securities	8,953	11,476
Domestic equities	33,634	26,723
International equities	9,497	15,402
Emerging markets equities	5,917	2,766
Global equities	8,755	-
Real Estate Investment Trust	21	-
Private equity funds	12,251	9,483
Hedge funds	6,557	4,013
Other	44	36
Total other investments for restricted activities	168,035	140,580
Total investments	$ 1,546,514	$ 1,275,106

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize the investments by the accounting method utilized, as of June 30, 2021 and 2020. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

(in thousands of dollars)	2021 Fair Value	2021 Equity	2021 Total
Cash and short-term investments	$ 208,491	$ -	$ 208,491
U.S. government securities	212,462	-	212,462
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	66,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
	$ 951,270	$ 595,244	$ 1,546,514

(in thousands of dollars)	2020 Fair Value	2020 Equity	2020 Total
Cash and short-term investments	$ 253,030	$ -	$ 253,030
U.S. government securities	147,434	-	147,434
Domestic corporate debt securities	198,411	45,142	243,553
Global debt securities	44,255	45,532	89,787
Domestic equities	195,014	49,869	244,883
International equities	77,481	68,353	145,834
Emerging markets equities	1,257	24,388	25,645
Real Estate Investment Trust	313	-	313
Private equity funds	-	83,614	83,614
Hedge funds	-	40,977	40,977
Other	36	-	36
	$ 917,231	$ 357,875	$ 1,275,106

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For the years ended June 30, 2021 and 2020 investment income is reflected in the accompanying consolidated statements of operations and changes in net assets as other operating revenue of approximately $930,000 and $936,000 and as non-operating gains of approximately $203,776,000 and $27,047,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreement expires. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2021 and 2020, the Health System has outstanding commitments of $47,419,000 and $53,677,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment are summarized as follows at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Land	$ 40,749	$ 40,749
Land improvements	43,927	39,820
Buildings and improvements	955,094	893,081
Equipment	993,899	927,233
	2,033,669	1,900,883
Less: Accumulated depreciation	1,433,467	1,356,521
Total depreciable assets, net	600,202	544,362
Construction in progress	80,231	99,224
	$ 680,433	$ 643,586

As of June 30, 2021, construction in progress primarily consists of two projects. The Manchester Ambulatory Surgical Center (ASC) and the in-patient tower located in Lebanon, NH. The ASC partially opened in April 2021. The estimated cost to complete the ASC is $4,300,000. The anticipated completion date is the second quarter of fiscal 2022. The in-patient tower project is estimated to cost $82,000,000 to complete. The anticipated completion date is the fourth quarter of fiscal 2023.

Capitalized interest of $5,127,000 and $2,297,000 is included in construction in progress as of June 30, 2021 and 2020, respectively.

Depreciation and amortization expense included in operating and non-operating activities was approximately $86,011,000 and $89,762,000 for 2021 and 2020, respectively.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments
Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

Domestic, Emerging Markets and International Equities
Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities
Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

Hedge Funds
Consists of publicly traded, daily-pricing mutual funds that use long/short trading strategies (Level 1 measurements).

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Health System believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2021 and 2020:

	2021			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 208,491	$ -	$ -	$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total investments	763,135	188,135	-	951,270
Deferred compensation plan assets				
Cash and short-term investments	6,099	-	-	6,099
U.S. government securities	48	-	-	48
Domestic corporate debt securities	10,589	-	-	10,589
Global debt securities	1,234	-	-	1,234
Domestic equities	37,362	-	-	37,362
International equities	5,592	-	-	5,592
Emerging market equities	39	-	-	39
Real estate	15	-	-	15
Multi strategy fund	65,257	-	-	65,257
Total deferred compensation plan assets	126,235	-	-	126,235
Beneficial interest in trusts	-	-	10,796	10,796
Total assets	$ 889,370	$ 188,135	$ 10,796	$ 1,088,301

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	2020			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 253,030	$ -	$ -	$ 253,030
U.S. government securities	147,434	-	-	147,434
Domestic corporate debt securities	17,577	180,834	-	198,411
Global debt securities	22,797	21,458	-	44,255
Domestic equities	187,354	7,660	-	195,014
International equities	77,481	-	-	77,481
Emerging market equities	1,257	-	-	1,257
Real estate investment trust	313	-	-	313
Other	2	34	-	36
Total investments	707,245	209,986	-	917,231
Deferred compensation plan assets				
Cash and short-term investments	5,754	-	-	5,754
U.S. government securities	51	-	-	51
Domestic corporate debt securities	7,194	-	-	7,194
Global debt securities	1,270	-	-	1,270
Domestic equities	24,043	-	-	24,043
International equities	3,571	-	-	3,571
Emerging market equities	27	-	-	27
Real estate	11	-	-	11
Multi strategy fund	51,904	-	-	51,904
Guaranteed contract	-	-	92	92
Total deferred compensation plan assets	93,825	-	92	93,917
Beneficial interest in trusts	-	-	9,202	9,202
Total assets	$ 801,070	$ 209,986	$ 9,294	$ 1,020,350

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The following tables set forth the financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above as of June 30, 2021 and 2020.

	2021		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,202	$ 92	$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
Balances at end of year	$ 10,796	$ -	$ 10,796

	2020		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Balances at beginning of year	$ 9,301	$ 89	$ 9,390
Net realized/unrealized (losses) gains	(99)	3	(96)
Balances at end of year	$ 9,202	$ 92	$ 9,294

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Investments held in perpetuity	$ 64,498	$ 59,352
Healthcare services	38,869	33,976
Health education	26,934	16,849
Research	24,464	22,116
Charity care	15,377	12,366
Other	7,215	4,488
Purchase of equipment	6,913	3,081
	$ 184,270	$ 152,228

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include numerous funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Trustees has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions which are to be held in perpetuity consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2021 and 2020.

Endowment net asset composition by type of fund consists of the following at June 30, 2021 and 2020:

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 108,213	$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	$ 41,728	$ 108,213	$ 149,941

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	2020		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 80,039	$ 80,039
Board-designated endowment funds	33,714	-	33,714
Total endowed net assets	$ 33,714	$ 80,039	$ 113,753

Changes in endowment net assets for the years ended June 30, 2021 and 2020 are as follows:

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	$ 33,714	$ 80,039	$ 113,753
Net investment return	7,192	17,288	24,480
Contributions	894	13,279	14,173
Transfers	-	418	418
Release of appropriated funds	(72)	(2,811)	(2,883)
Balances at end of year	$ 41,728	$ 108,213	$ 149,941
Balances at end of year		108,213	
Beneficial interest in perpetual trusts		9,721	
Net assets with donor restrictions		$ 117,934	

	2020		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Balances at beginning of year	$ 31,421	$ 78,268	$ 109,689
Net investment return	713	1,460	2,173
Contributions	890	2,990	3,880
Transfers	14	267	281
Release of appropriated funds	676	(2,946)	(2,270)
Balances at end of year	$ 33,714	$ 80,039	$ 113,753
Balances at end of year		80,039	
Beneficial interest in perpetual trusts		6,782	
Net assets with donor restrictions		$ 86,821	

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10. Long-Term Debt

A summary of long-term debt at June 30, 2021 and 2020 is as follows:

(in thousands of dollars)	2021	2020
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 83,355	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	24,425	25,160
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	23,470	24,315
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	12,385	19,765
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2035 (9)	125,000	125,000
Total obligated group debt	$ 1,053,637	$ 1,062,597

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

A summary of long-term debt at June 30, 2021 and 2020 is as follows (continued):

(in thousands of dollars)	2021	2020
Other		
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	$ 147	$ 287
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	273	273
Mortgage note payable to the US Dept of Agriculture; monthly payments of $10,892 include interest of 2.375% through November 2046	2,489	2,560
Total nonobligated group debt	2,909	3,120
Total obligated group debt	1,053,637	1,062,597
Total long-term debt	1,056,546	1,065,717
Add: Original issue premium and discounts, net	86,399	89,542
Less: Current portion	9,407	9,467
Debt issuance costs, net	7,181	7,262
	$ 1,126,357	$ 1,138,530

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)	2021
2022	$ 9,407
2023	6,602
2024	1,841
2025	4,778
2026	4,850
Thereafter	1,029,068
	$ 1,056,546

Dartmouth-Hitchcock Obligated Group (DHOG) Debt
MHMH established the DHOG in 1993 for the original purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

Revenue Bonds issued by members of the DHOG are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B in February 2018. The Series 2018A Revenue Bonds were primarily used to refund a portion of Series 2015A and Series 2016A. The Series 2018B were primarily used to refund a portion of Series 2015A and Series 2016A, Revolving Line of Credit, Series 2012 Bank Loan and the Series 2015A and Series 2016A Swap terminations. A loss on the extinguishment of debt of approximately $578,000 was recognized in non-operating gains (losses) on the statement of operations and changes in net assets, as a result of the refinancing. The interest on the Series 2018A Revenue Bonds is variable with a current interest rate of 5.00% and matures in variable amounts through 2037. The interest on the Series 2018B Revenue Bonds is fixed with an interest rate of 4.18% and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2020A in February, 2020. The proceeds from the Series 2020A Revenue Bonds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH as well as various equipment. The interest on the Series 2020A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2059.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B in December, 2017. The Series 2017A Revenue Bonds were primarily used to refund Series 2009 and Series 2010 and the Series 2017B Revenue Bonds were used to refund Series 2012A and Series 2012B. The interest on the Series 2017A Revenue Bonds is fixed with an interest rate of 5.00% and matures in variable amounts through 2040. The interest on the Series 2017B Revenue Bonds is fixed with an interest rate of 2.54% and matures in variable amounts through 2031.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds Series 2019A in October, 2019. The proceeds from the Series 2019A Revenue Bonds are being used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A Revenue Bonds is fixed with an interest rate of 4.00% and matures in variable amounts through 2043.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C in August, 2018. The Series 2018C Revenue Bonds were used primarily to refinance the Series 2010 Revenue Bonds. The interest on the series 2018C Revenue Bonds is fixed with an interest rate of 3.22% and matures in variable amounts through 2030.

(6) Series 2012 Revenue Bonds

The NHHEFA issued $29,650,000 of tax-exempt Revenue Bonds, Series 2012. The proceeds of these bonds were used to refund 1998 and 2009 Series Bonds, to finance the settlement cost of the interest rate swap, and to finance the purchase of certain equipment and renovations. The bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%), and matures in variable amounts through 2039.

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B in August 2014. The proceeds from the Series 2014A and 2014B Revenue Bonds were used to partially refund the Series 2009 Revenue Bonds and to cover cost of issuance. Interest on the 2014A Revenue Bonds is fixed with an interest rate of 2.63% and matures at various dates through 2022. Interest on the Series 2014B Revenue Bonds is fixed with an interest rate of 4.00% and matures at various dates through 2033.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B in July 2016 through a private placement with a financial institution. The Series 2016B Revenue Bonds were used to finance 2016 projects. The Series 2016B is fixed with an interest rate of 1.78% and matures at various dates through 2045.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

(9) Note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital as needed. The interest on the note payable is fixed with an interest rate of 2.56% and matures at various dates through 2035.

Outstanding joint and several indebtedness of the DHOG at June 30, 2021 and 2020 approximates $1,053,637,000 and $1,062,597,000, respectively.

The Health System Indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of approximately $170,399,000 and $236,198,000 at June 30, 2021 and 2020, respectively, are classified as assets limited as to use in the accompanying consolidated balance sheets (Note 4). In addition, debt service reserves of approximately $8,035,000 and $9,286,000 at June 30, 2021 and 2020, respectively, are classified as other current assets in the accompanying consolidated balance sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2021 and 2020.

For the years ended June 30, 2021 and 2020 interest expense on the Health System's long term debt is reflected in the accompanying consolidated statements of operations and changes in net assets as operating expense of approximately $30,787,000 and $27,322,000 and other non-operating losses of $3,782,000 and $3,784,000, respectively, net of amounts capitalized.

11. Employee Benefits

All eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life benefit plans to certain of its active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

All of the defined benefit plans within the Health System have been frozen and therefore there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

The Health System continued to execute the settlement of obligations due to retirees in the defined benefit plans through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

DocuSign Envelope ID: 0BCB8AA4-D7D8-409A-B3E0-900BDD994D32

Defined Benefit Plans

Net periodic pension expense included in employee benefits in the consolidated statements of operations and changes in net assets is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Service cost for benefits earned during the year	$ -	$ 170
Interest cost on projected benefit obligation	36,616	43,433
Expected return on plan assets	(63,261)	(62,436)
Net loss amortization	14,590	12,032
Total net periodic pension expense	$ (12,055)	$ (6,801)

The following assumptions were used to determine net periodic pension expense as of June 30, 2021 and 2020:

	2021	2020
Discount rate	3.00% - 3.10%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rate of return on plan assets	7.50%	7.50%

The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	$ 1,209,100	$ 1,135,523
Service cost	-	170
Interest cost	36,616	43,433
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Actuarial loss	(22,411)	139,469
Settlements	(30,950)	(38,549)
Benefit obligation at end of year	1,140,221	1,209,100
Change in plan assets		
Fair value of plan assets at beginning of year	929,453	897,717
Actual return on plan assets	87,446	121,245
Benefits paid	(52,134)	(70,778)
Expenses paid	-	(168)
Employer contributions	25,049	19,986
Settlements	(30,950)	(38,549)
Fair value of plan assets at end of year	958,864	929,453
Funded status of the plans	(181,357)	(279,647)
Less: Current portion of liability for pension	(46)	(46)
Long term portion of liability for pension	(181,311)	(279,601)
Liability for pension	$ (181,357)	$ (279,647)

As of June 30, 2021 and 2020, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include approximately $481,073,000 and $546,818,000 of net actuarial loss as of June 30, 2021 and 2020, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2021 for net actuarial losses is approximately $14,590,000.

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The accumulated benefit obligation for the defined benefit pension plans was approximately $1,140,000,000 and $1,209,000,000 at June 30, 2021 and 2020, respectively.

The following table sets forth the assumptions used to determine the benefit obligation at June 30, 2021 and 2020:

	2021	2020
Discount rate	3.30%	3.00% - 3.10%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the Plan's assets is to support the Pension liabilities of the Pension Plans for Employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the Plan's liabilities. As of June 30, 2021, it is expected that the LDI strategy will hedge approximately 75% of the interest rate risk associated with pension liabilities. As of June 30, 2020, the expected LDI hedge was approximately 60%. To achieve the appreciation and hedging objectives, the Plans utilize a diversified structure of asset classes designed to achieve stated performance objectives measured on a total return basis, which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	42
Global debt securities	6–26	4
Domestic equities	5–35	17
International equities	5–15	7
Emerging market equities	3–13	4
Global Equities	0-10	6
Real estate investment trust funds	0–5	1
Private equity funds	0–5	0
Hedge funds	5–18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Health System, as Plan Sponsors, oversee the design, structure, and prudent professional management of the Health System's Plans' assets, in accordance with Board approved investment policies, roles, responsibilities and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's Plans own interests in both private equity and hedge funds rather than in securities underlying each fund and, therefore, the Health System generally considers such investments as Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's Plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2021 and 2020:

	2021					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 53,763	$ -	$ 53,763	Daily	1
U.S. government securities	52,945	-	-	52,945	Daily–Monthly	1–15
Domestic debt securities	140,029	296,709	-	436,738	Daily–Monthly	1–15
Global debt securities	-	40,877	-	40,877	Daily–Monthly	1–15
Domestic equities	144,484	40,925	-	185,409	Daily–Monthly	1–10
International equities	17,767	51,819	-	69,586	Daily–Monthly	1–11
Emerging market equities	-	43,460	-	43,460	Daily–Monthly	1–17
Global equities	-	57,230		57,230	Daily–Monthly	1–17
REIT funds	-	3,329		3,329	Daily–Monthly	1–17
Private equity funds	-	-	15	15	See Note 6	See Note 6
Hedge funds	-	-	15,512	15,512	Quarterly–Annual	60–96
Total investments	$ 355,225	$ 588,112	$ 15,527	$ 958,864		

	2020					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 7,154	$ -	$ 7,154	Daily	1
U.S. government securities	49,843		-	49,843	Daily–Monthly	1–15
Domestic debt securities	133,794	318,259	-	452,053	Daily–Monthly	1–15
Global debt securities	-	69,076	-	69,076	Daily–Monthly	1–15
Domestic equities	152,688	24,947	-	177,635	Daily–Monthly	1–10
International equities	13,555	70,337	-	83,892	Daily–Monthly	1–11
Emerging market equities	-	39,984	-	39,984	Daily–Monthly	1–17
REIT funds	-	2,448	-	2,448	Daily–Monthly	1–17
Private equity funds	-	-	17	17	See Note 7	See Note 7
Hedge funds	-	-	47,351	47,351	Quarterly–Annual	60–96
Total investments	$ 349,880	$ 532,205	$ 47,368	$ 929,453		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2021 and 2020:

	2021		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 47,351	$ 17	$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
Balances at end of year	$ 15,512	$ 15	$ 15,527

	2020		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Balances at beginning of year	$ 44,126	$ 21	$ 44,147
Net unrealized losses	3,225	(4)	3,221
Balances at end of year	$ 47,351	$ 17	$ 47,368

The total aggregate net unrealized gains (losses) included in the fair value of the Level 3 investments as of June 30, 2021 and 2020 were approximately $7,635,000 and $18,261,000, respectively. There were no transfers into and out of Level 3 measurements during the years ended June 30, 2021 and 2020.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2021 and 2020.

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The weighted average asset allocation for the Health System's Plans at June 30, 2021 and 2020 by asset category is as follows:

	2021	2020
Cash and short-term investments	6 %	1 %
U.S. government securities	5	5
Domestic debt securities	46	49
Global debt securities	4	8
Domestic equities	19	19
International equities	7	9
Emerging market equities	5	4
Global equities	6	0
Hedge funds	2	5
	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately $25,045,000 to the Plans in 2022 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)	
2022	$ 54,696
2023	57,106
2024	59,137
2025	60,930
2026	62,514
2027 – 2031	327,482

Effective May 1, 2020, the Health System terminated a defined benefit plan and settled the accumulated benefit obligation of $18,795,000 by purchasing nonparticipating annuity contracts. The plan assets at fair value were $11,836,000.

Defined Contribution Plans
The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base, transition and discretionary match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $60,268,000 and $51,222,000 in 2021 and 2020, respectively, are included in employee benefits in the accompanying consolidated statements of operations and changes in net assets.

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Various 403(b) and tax- sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2021 and 2020 respectively.

Postretirement Medical and Life Benefits
The Health System has postretirement medical and life benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Service cost	$ 533	$ 609
Interest cost	1,340	1,666
Net prior service income	(3,582)	(5,974)
Net loss amortization	738	469
	$ (971)	$ (3,230)

The following table sets forth the accumulated postretirement medical and life benefit obligation and amounts recognized in the Health System's consolidated financial statements at June 30, 2021 and 2020:

(in thousands of dollars)	2021	2020
Change in benefit obligation		
Benefit obligation at beginning of year	$ 48,078	$ 46,671
Service cost	533	609
Interest cost	1,340	1,666
Benefits paid	(3,439)	(3,422)
Actuarial loss	383	2,554
Employer contributions	(32)	-
Benefit obligation at end of year	46,863	48,078
Funded status of the plans	$ (46,863)	$ (48,078)
Current portion of liability for postretirement medical and life benefits	$ (3,422)	$ (3,422)
Long term portion of liability for postretirement medical and life benefits	(43,441)	(44,656)
Liability for postretirement medical and life benefits	$ (46,863)	$ (48,078)

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As of June 30, 2021 and 2020, the liability for postretirement medical and life benefits is included in the liability for pension and other postretirement plan benefits in the accompanying consolidated balance sheets.

Amounts not yet reflected in net periodic postretirement medical and life benefit income and included in the change in net assets without donor restrictions are as follows:

(in thousands of dollars)	2021	2020
Net prior service income	$ -	$ (3,582)
Net actuarial loss	9,981	10,335
	$ 9,981	$ 6,753

The estimated amounts that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2022 for net losses is approximately $751,000.

The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the year ending June 30, 2021 and thereafter:

(in thousands of dollars)	
2022	$ 3,422
2023	3,602
2024	3,651
2025	3,575
2026	3,545
2027-2031	16,614

In determining the accumulated postretirement medical and life benefit obligation, the Health System used a discount rate of 3.10% in 2021 and an assumed healthcare cost trend rate of 6.50%, trending down to 5.00% in 2027 and thereafter.

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12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, CMC, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. Effective November 1, 2018 APD is provided professional and general liability insurance coverage through RRG. RRG reinsures the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda and to a variety of commercial reinsurers. D-H and Dartmouth College have ownership interests in both HAC and RRG. The insurance program provides coverage to the covered institutions and named insureds on a modified claims-made basis which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2021 and 2020, are summarized as follows:

	2021		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 71,772	$ 3,583	$ 75,355
Shareholders' equity	13,620	50	13,670

	2020		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 93,686	$ 1,785	$ 95,471
Shareholders' equity	13,620	50	13,670

13. Commitments and Contingencies

Litigation
The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

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Lines of Credit

The Health System has entered into Loan Agreements with financial institutions establishing access to revolving loans ranging from $10,000,000 up to $30,000,000. Interest is variable and determined using LIBOR or the Wall Street Journal Prime Rate. The Loan Agreements are due to expire March 30, 2022. There was no outstanding balance under the lines of credit as of June 30, 2021 and 2020. Interest expense was approximately $28,000 and $20,000, respectively, and is included in the consolidated statements of operations and changes in net assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

	2021			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 1,019,272	$ 164,937	$ 1,701	$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	$ 2,146,014	$ 456,702	$ 7,457	$ 2,610,173

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,200	$ 4,354	$ 5	$ 13,559
Total non-operating income	$ 9,200	$ 4,354	$ 5	$ 13,559

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2020:

	2020			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 981,320	$ 161,704	$ 1,799	$ 1,144,823
Employee benefits	231,361	41,116	395	272,872
Medical supplies and medications	454,143	1,238	-	455,381
Purchased services and other	236,103	120,563	3,830	360,496
Medicaid enhancement tax	76,010	-	-	76,010
Depreciation and amortization	26,110	65,949	105	92,164
Interest	5,918	21,392	12	27,322
Total operating expenses	$ 2,010,965	$ 411,962	$ 6,141	$ 2,429,068

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,239	$ 1,549	$ 22	$ 10,810
Total non-operating income	$ 9,239	$ 1,549	$ 22	$ 10,810

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying consolidated balance sheet may not be available for general expenditure within one year of the balance sheet date.

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The Health System's financial assets available at June 30, 2021 and 2020 to meet cash needs for general expenditures within one year of June 30, 2021 and 2020, are as follows:

(in thousands of dollars)	2021	2020
Cash and cash equivalents	$ 374,928	$ 453,223
Patient accounts receivable	232,161	183,819
Assets limited as to use	1,378,479	1,134,526
Other investments for restricted activities	168,035	140,580
Total financial assets	$ 2,153,603	$ 1,912,148
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,239	54,596
Investments for restricted activities	168,035	140,580
Bond proceeds held for capital projects	178,434	245,484
Other investments with liquidity horizons greater than one year	111,390	111,408
Total financial assets available within one year	$ 1,638,505	$ 1,360,080

For the years ended June 30, 2021 and June 30, 2020, the Health System generated positive cash flow from operations of approximately $95,740,000 and $269,144,000, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to $30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date based on the present value of lease payments over the lease term. We use the implicit rate noted within the contract. If not readily available, we use our estimated incremental borrowing rate, which is derived using a collateralized borrowing rate for the same currency and term as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less and we recognize lease expense for these leases on a straight-line basis over the lease term within lease and rental expense.

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Our operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Our real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at our sole discretion. When determining the lease term, we included options to extend or terminate the lease when it is reasonably certain that we will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the consolidated statements of operations and changes in net assets but are not included in the right-of-use asset or liability balances in our consolidated balance sheets. Lease agreements do not contain any material residual value guarantees, restrictions or covenants.

The components of lease expense for the year ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Operating lease cost	10,381	8,992
Variable and short term lease cost (a)	8,019	1,497
Total lease and rental expense	18,400	10,489
Finance lease cost:		
Depreciation of property under finance lease	3,408	2,454
Interest on debt of property under finance lease	533	524
Total finance lease cost	3,941	2,978

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the year ended June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	10,611	8,755
Operating cash flows from finance leases	533	542
Financing cash flows from finance leases	3,108	2,429
	$ 14,252	$ 11,726

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Supplemental balance sheet information related to leases as of June 30, 2021 and 2020 are as follows:

(in thousands of dollars)	2021	2020
Operating Leases		
Right of use assets - operating leases	51,410	42,621
Accumulated amortization	(15,180)	(8,425)
Right of use assets - operating leases, net	**36,230**	**34,196**
Current portion of right of use obligations	8,038	9,194
Long-term right of use obligations, excluding current portion	28,686	25,308
Total operating lease liabilities	**36,724**	**34,502**
Finance Leases		
Right of use assets - finance leases	27,940	26,076
Accumulated depreciation	(5,760)	(2,687)
Right of use assets - finance leases, net	**22,180**	**23,389**
Current portion of right of use obligations	3,251	2,581
Long-term right of use obligations, excluding current portion	19,481	21,148
Total finance lease liabilities	**22,732**	**23,729**
Weighted Average remaining lease term, years		
Operating leases	6.75	4.64
Finance leases	18.73	19.39
Weighted Average discount rate		
Operating leases	2.12%	2.24%
Finance leases	2.14%	2.22%

The System obtained $7.6 million and $2.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2021.

Upon adoption, included in the $42.6 million of right-of-use assets obtained in exchange for operating lease obligations is $5.6 million of new and modified operating leases entered into during the year ended June 30, 2020. Included in the $26.1 million of right-of-use assets obtained in exchange for finance lease obligations is $2.3 million of new and modified operating leases entered into during the year ended June 30, 2020.

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Future maturities of lease liabilities as of June 30, 2021 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
Year ending June 30:		
2022	8,721	3,698
2023	7,331	3,363
2024	6,336	2,265
2025	3,537	1,229
2026	2,475	850
Thereafter	11,249	16,488
Total lease payments	39,649	27,893
Less: Imputed interest	2,925	5,161
Total lease payments	$ 36,724	$ 22,732

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 18, 2021, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements other than as noted below.

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Consolidating Supplemental Information – Unaudited

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 1,826	$ 226,779	$ 35,146	$ 41,371	$ 26,814	$ 18,350	$ -	$ 350,286	$ 24,642	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,779	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,012	4,771	1,793	(35,942)	168,169	(10,634)	(217)	157,318
Total current assets	25,093	574,465	69,316	50,162	38,284	26,665	(35,942)	748,043	16,581	(217)	764,407
Assets limited as to use	380,020	1,039,327	19,016	15,480	16,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	845,157	11,769	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,699	-	136,762	31,273	-	168,035
Property, plant, and equipment, net	-	501,640	64,101	22,623	47,232	15,403	-	650,999	29,434	-	680,433
Right of use assets, net	1,233	32,343	2,396	16,104	360	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	176,806	292	-	177,098
Total assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,887	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 7,575	$ 885	$ 777	$ 91	$ -	$ -	$ 9,308	$ 99	$ -	$ 9,407
Current portion of right of use obligations	354	8,369	656	1,078	197	550	-	11,204	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	207,566	99,374	11,911	2,455	4,968	5,858	(205,791)	126,341	5,100	(217)	131,224
Accrued compensation and related benefits	-	156,073	8,648	5,706	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	160,410	31,226	27,006	26,902	6,230	-	251,774	769	-	252,543
Total current liabilities	207,920	435,269	53,306	37,022	36,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,563	-	-	27,793	17,570	(856,926)	-	-	-	-
Long-term debt, excluding current portion	1,047,659	29,848	22,753	23,558	55	(115)	-	1,123,756	2,601	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	15,351	172	5,357	-	48,098	69	-	48,167
Insurance deposits and related liabilities	-	78,528	475	325	388	218	-	79,934	40	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	-	511	-	224,752	-	-	224,752
Other liabilities	-	179,497	4,224	4,534	4,142	-	-	192,397	22,317	-	214,714
Total liabilities	1,256,458	1,778,121	87,920	80,790	69,115	41,522	(1,062,717)	2,251,209	32,973	(217)	2,283,965
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(2,524)	526,153	65,224	38,969	39,557	29,838	-	697,217	61,370	40	758,627
Net assets with donor restrictions	248	112,705	15,212	1,128	5,477	9,593	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	841,580	101,317	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,887	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 1,826	$ 227,402	$ 44,165	$ 26,814	$ 18,609	$ 50,451	$ 5,661	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,238	6,699	6,620	6,779	2,475	-	232,161
Prepaid expenses and other current assets	23,267	151,677	10,195	4,771	1,808	1,418	341	(36,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(36,159)	764,407
Assets limited as to use	380,020	1,066,781	20,459	16,725	21,533	15,480	27,330	(169,849)	1,378,479
Notes receivable, related party	845,157	11,769	-	-	-	-	-	(856,926)	-
Other investments for restricted activities	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Property, plant, and equipment, net	-	504,315	67,543	47,232	16,932	41,218	3,193	-	680,433
Right of use assets, net	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Other assets	2,431	146,408	10,286	7,282	2,715	7,534	442	-	177,098
Total assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 7,575	$ 865	$ 91	$ 26	$ 777	$ 73	$ -	$ 9,407
Current portion of right of use obligations	354	8,369	656	197	550	1,078	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	207,566	99,682	12,032	4,968	5,983	2,920	4,081	(206,008)	131,224
Accrued compensation and related benefits	-	156,073	8,648	4,407	5,385	6,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,226	26,902	6,231	27,006	768	-	252,543
Total current liabilities	207,920	435,577	53,427	36,565	18,175	37,897	6,448	(206,008)	590,001
Notes payable, related party	-	811,563	-	27,793	17,570	-	-	(856,926)	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	55	131	23,496	2,417	-	1,126,357
Right of use obligations, excluding current portion	879	24,463	1,876	172	5,357	15,351	69	-	48,167
Insurance deposits and related liabilities	-	78,528	476	388	218	325	39	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	511	-	-	-	224,752
Other liabilities	-	179,497	4,223	4,142	-	26,852	-	-	214,714
Total liabilities	1,256,458	1,778,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,283,965
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(2,524)	557,101	88,586	39,557	30,181	35,063	30,623	40	758,627
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	(2,276)	677,987	115,162	45,034	39,773	36,564	30,653	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 108,856	$ 217,352	$ 43,940	$ 26,079	$ 22,874	$ 14,377	$ -	$ 433,478	$ 19,745	$ -	$ 453,223
Patient accounts receivable, net	-	146,886	11,413	8,634	10,200	4,367	-	181,500	2,319	-	183,819
Prepaid expenses and other current assets	25,243	179,432	37,538	3,808	6,105	1,715	(82,822)	171,019	(8,870)	(243)	161,906
Total current assets	134,099	543,670	92,891	38,521	39,179	20,459	(82,822)	785,997	13,194	(243)	798,948
Assets limited as to use	344,737	927,207	19,376	13,044	12,768	12,090	(235,568)	1,093,654	40,872	-	1,134,526
Notes receivable, related party	848,250	593	-	1,211	-	-	(848,843)	1,211	(1,211)	-	-
Other investments for restricted activities	-	98,490	6,970	97	3,077	6,266	-	114,900	25,680	-	140,580
Property, plant, and equipment, net	8	466,938	64,803	20,805	43,612	16,823	-	612,989	30,597	-	643,586
Right of use assets	1,542	32,714	1,822	17,574	621	3,221	-	57,494	91	-	57,585
Other assets	2,242	122,481	1,299	14,748	5,482	4,603	(10,971)	139,884	(2,546)	-	137,338
Total assets	$ 1,330,878	$ 2,192,093	$ 187,161	$ 106,000	$ 104,739	$ 63,462	$ (1,178,204)	$ 2,806,129	$ 106,677	$ (243)	$ 2,912,563
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 7,380	$ 865	$ 747	$ 147	$ 232	$ -	$ 9,371	$ 96	$ -	$ 9,467
Current portion of right of use obligations	338	8,752	420	1,316	259	631	-	11,716	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	272,764	126,283	39,845	3,087	4,250	3,406	(318,391)	131,244	(1,985)	(243)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,570	3,875	3,582	-	141,151	1,840	-	142,991
Estimated third-party settlements	-	210,144	34,664	25,421	24,667	6,430	-	301,326	1,199	-	302,525
Total current liabilities	273,102	478,419	83,526	34,141	33,198	14,281	(318,391)	598,276	1,209	(243)	599,242
Notes payable, related party	-	814,525	-	-	27,718	6,600	(848,843)	-	-	-	-
Long-term debt, excluding current portion	1,050,694	37,373	23,617	24,312	147	10,595	(10,970)	1,135,768	2,762	-	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,432	16,429	368	2,698	-	46,420	36	-	46,456
Insurance deposits and related liabilities	-	75,697	475	325	388	220	-	77,105	41	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	-	511	-	324,258	(1)	-	324,257
Other liabilities	-	117,631	1,506	384	2,026	-	-	121,547	22,131	-	143,678
Total liabilities	1,324,999	1,849,842	132,396	75,591	63,845	34,905	(1,178,204)	2,303,374	26,178	(243)	2,329,309
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	5,524	242,824	47,729	29,464	36,158	21,247	-	382,946	48,040	40	431,026
Net assets with donor restrictions	355	99,427	7,036	945	4,736	7,310	-	119,809	32,459	(40)	152,228
Total net assets	5,879	342,251	54,765	30,409	40,894	28,557	-	502,755	80,499	-	583,254
Total liabilities and net assets	$ 1,330,878	$ 2,192,093	$ 187,161	$ 106,000	$ 104,739	$ 63,462	$ (1,178,204)	$ 2,806,129	$ 106,677	$ (243)	$ 2,912,563

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2020

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 108,856	$ 218,295	$ 47,642	$ 22,874	$ 14,568	$ 34,072	$ 6,916	$ -	$ 453,223
Patient accounts receivable, net	-	146,887	11,413	10,200	4,439	8,634	2,246	-	183,819
Prepaid expenses and other current assets	25,243	180,137	27,607	6,105	1,737	2,986	1,156	(83,065)	161,906
Total current assets	134,099	545,319	86,662	39,179	20,744	45,692	10,318	(83,065)	798,948
Assets limited as to use	344,737	946,938	18,001	12,768	13,240	13,044	21,366	(235,568)	1,134,526
Notes receivable, related party	848,250	593	-	-	-	-	-	(848,843)	-
Other investments for restricted activities	-	105,869	25,272	3,077	6,265	97	-	-	140,580
Property, plant, and equipment, net	8	469,613	68,374	43,612	18,432	40,126	3,421	-	643,586
Right of use assets, net	1,542	32,714	1,822	621	3,220	17,574	92	-	57,585
Other assets	2,242	122,647	7,429	5,482	2,152	8,199	158	(10,971)	137,338
Total assets	$ 1,330,878	$ 2,223,693	$ 207,560	$ 104,739	$ 64,053	$ 124,732	$ 35,355	$ (1,178,447)	$ 2,912,563
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 7,380	$ 865	$ 147	$ 257	$ 747	$ 71	$ -	$ 9,467
Current portion of right of use obligations	338	8,752	420	259	631	1,316	59	-	11,775
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	272,762	126,684	35,117	4,251	3,517	3,528	1,791	(318,634)	129,016
Accrued compensation and related benefits	-	122,392	7,732	3,875	3,626	3,883	1,483	-	142,991
Estimated third-party settlements	-	210,143	34,664	24,667	6,430	25,421	1,200	-	302,525
Total current liabilities	273,100	478,819	78,798	33,199	14,461	34,895	4,604	(318,634)	599,242
Notes payable, related party	-	814,525	-	27,718	6,600	-	-	(848,843)	-
Long-term debt, excluding current portion	1,050,694	37,373	23,618	147	10,867	24,312	2,489	(10,970)	1,138,530
Right of use obligations, excluding current portion	1,203	24,290	1,433	368	2,700	16,429	33	-	46,456
Insurance deposits and related liabilities	-	75,697	475	388	222	325	39	-	77,146
Liability for pension and other postretirement plan benefits, excluding current portion	-	301,907	21,840	-	510	-	-	-	324,257
Other liabilities	-	117,631	1,506	2,026	-	22,515	-	-	143,678
Total liabilities	1,324,997	1,850,242	127,670	63,846	35,360	98,476	7,165	(1,178,447)	2,329,309
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	5,526	266,327	48,549	36,158	21,385	24,881	28,160	40	431,026
Net assets with donor restrictions	355	107,124	31,341	4,735	7,308	1,375	30	(40)	152,228
Total net assets	5,881	373,451	79,890	40,893	28,693	26,256	28,190	-	583,254
Total liabilities and net assets	$ 1,330,878	$ 2,223,693	$ 207,560	$ 104,739	$ 64,053	$ 124,732	$ 35,355	$ (1,178,447)	$ 2,912,563

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 82,373	$ 61,814	$ 59,686	$ -	$ 2,118,295	$ 19,992	$ -	$ 2,138,287
Contracted revenue	7,266	129,880	379	-	162	2,963	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	61	200	201	-	14,472	729	-	15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,628,933	36,591	(1,815)	2,663,709
Operating expenses											
Salaries	-	988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	16,800	1,105	1,185,910
Employee benefits	-	251,774	29,984	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies	-	481,863	41,669	9,776	7,604	3,275	(85)	544,102	1,421	-	545,523
Purchased services and other	19,503	291,364	33,737	12,396	16,591	14,884	(18,065)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax	-	57,312	8,315	3,075	2,523	1,716	-	72,941	-	-	72,941
Depreciation and amortization	10	67,666	8,623	3,366	4,364	2,617	-	86,646	2,275	-	88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402	-	30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,610,173
Operating (loss) margin	(14,590)	67,938	(2,796)	7,143	(5,774)	4,236	2,329	58,486	(3,579)	(1,371)	53,536
Non-operating gains (losses)											
Investment income (losses), net	1,223	172,461	3,546	2,495	4,506	3,875	(137)	187,969	15,807	-	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	-	(16)	-	13,559	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(332)	-	2	194	(2,192)	(6,521)	917	1,371	(4,233)
Total non-operating (losses) gains, net	(2,317)	184,836	3,761	2,495	4,508	4,053	(2,329)	195,007	16,724	1,371	213,102
(Deficiency) excess of revenue over expenses	(16,907)	252,774	965	9,638	(1,266)	8,289	-	253,493	13,145	-	266,638
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	1,076	600	-	108	224	-	2,008	9	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	-	78	-	59,132	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	(42)	-	4,557	-	-	(174)	174	-	-
Other changes in net assets	-	(20)	(35)	(120)	-	-	-	(175)	(11)	-	(186)
Increase in net assets without donor restrictions	$ (8,048)	$ 283,329	$ 17,495	$ 9,518	$ 3,399	$ 8,591	$ -	$ 314,284	$ 13,317	$ -	$ 327,601

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiaries	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 61,814	$ 59,672	$ 82,373	$ 20,006	$ -	$ 2,138,287
Contracted revenue	7,266	130,261	379	161	2,963	-	-	(55,767)	85,263
Other operating revenue	29,784	406,911	6,862	4,370	2,839	11,997	1,283	(39,088)	424,958
Net assets released from restrictions	197	13,290	1,196	199	201	118	-	-	15,201
Total operating revenue and other support	37,247	2,234,074	239,247	66,544	65,675	94,488	21,289	(94,855)	2,663,709
Operating expenses									
Salaries	-	988,595	118,711	33,611	29,986	44,240	12,227	(41,460)	1,185,910
Employee benefits	-	251,774	29,994	6,550	7,820	7,884	2,972	(4,852)	302,142
Medications and medical supplies	-	481,863	41,669	7,604	3,270	9,784	1,418	(85)	545,523
Purchased services and other	19,505	294,228	33,912	16,589	15,395	15,455	8,786	(19,921)	383,949
Medicaid enhancement tax	-	57,312	8,315	2,523	1,716	3,075	-	-	72,941
Depreciation and amortization	10	67,666	8,752	4,364	2,741	5,003	385	-	88,921
Interest	32,324	24,158	936	1,077	510	1,217	60	(29,495)	30,787
Total operating expenses	51,839	2,165,596	242,289	72,318	61,438	86,658	25,848	(95,813)	2,610,173
Operating (loss) margin	(14,592)	68,478	(3,042)	(5,774)	4,237	7,830	(4,559)	958	53,536
Non-operating gains (losses)									
Investment income (losses), net	1,223	179,357	6,317	4,506	4,066	2,472	5,972	(137)	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	(16)	-	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(346)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,518	4,508	4,257	2,472	6,890	(958)	213,102
(Deficiency) excess of revenue over expenses	(16,909)	260,210	3,476	(1,266)	8,494	10,302	2,331	-	266,638
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	1,085	600	108	224	-	-	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	78	-	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	-	4,557	-	-	132	-	-
Other changes in net assets	-	(20)	(46)	-	-	(120)	-	-	(186)
Increase in net assets without donor restrictions	$ (8,050)	$ 290,774	$ 20,037	$ 3,399	$ 8,796	$ 10,182	$ 2,463	$ -	$ 327,601

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	OH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,490,516	$ 207,416	$ 65,496	$ 53,943	$ 41,349	$ -	$ 1,858,720	$ 21,305	$ -	$ 1,880,025
Contracted revenue	5,369	114,906	400	-	10	7,427	(54,543)	73,569	498	(39)	74,028
Other operating revenue	26,349	321,028	16,406	7,179	10,185	7,847	(28,972)	360,022	15,128	(528)	374,622
Net assets released from restrictions	409	13,013	1,315	162	160	84	-	15,143	1,117	-	16,260
Total operating revenue and other support	32,127	1,939,463	225,537	72,837	64,298	56,707	(83,515)	2,307,454	38,048	(567)	2,344,935
Operating expenses											
Salaries	-	947,275	115,777	37,596	33,073	27,600	(34,706)	1,126,615	17,007	1,201	1,144,823
Employee benefits	-	227,138	26,979	6,214	6,741	6,344	(4,864)	268,552	4,009	311	272,872
Medications and medical supplies	-	401,165	36,313	8,390	5,140	2,944	-	453,952	1,429	-	455,381
Purchased services and other	13,615	284,714	31,864	11,639	14,311	13,351	(20,942)	348,552	13,943	(1,999)	360,496
Medicaid enhancement tax	-	59,708	8,476	3,226	2,853	1,747	-	76,010	-	-	76,010
Depreciation and amortization	14	71,108	9,351	3,361	3,601	2,475	-	89,910	2,254	-	92,164
Interest	25,780	23,431	953	906	1,097	252	(25,412)	27,007	315	-	27,322
Total operating expenses	39,409	2,014,539	229,713	71,332	66,816	54,713	(85,924)	2,390,598	38,957	(487)	2,429,068
Operating (loss) margin	(7,282)	(75,076)	(4,176)	1,505	(2,518)	1,994	2,409	(83,144)	(909)	(80)	(84,133)
Non-operating gains (losses)											
Investment income (losses), net	4,877	18,522	714	292	359	433	(198)	24,999	2,048	-	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	-	134	-	10,810	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(205)	544	4,317	(2,211)	(3,133)	346	80	(2,707)
Total non-operating gains (losses), net	945	26,238	2,028	87	903	4,884	(2,409)	32,676	2,394	80	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(48,838)	(2,148)	1,592	(1,615)	6,878	-	(50,468)	1,485	-	(48,983)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	564	179	-	344	300	-	1,387	27	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	-	(7,188)	-	(79,022)	-	-	(79,022)
Net assets transferred to (from) affiliates	4,375	(7,269)	(32)	219	1,911	15	-	(781)	781	-	-
Other changes in net assets	-	-	-	-	-	-	-	-	(2,316)	-	(2,316)
Increase in net assets without donor restrictions	$ (1,962)	$ (114,056)	$ (15,322)	$ 1,811	$ 640	$ 5	$ -	$ (128,884)	$ (23)	$ -	$ (128,907)

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2020

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,490,516	$ 207,416	$ 53,943	$ 41,348	$ 65,496	$ 21,306	$ -	$ 1,880,025
Contracted revenue	5,369	115,403	400	10	7,427	-	-	(54,581)	74,028
Other operating revenue	26,349	323,151	16,472	10,185	9,482	16,726	1,757	(29,500)	374,622
Net assets released from restrictions	409	13,660	1,335	160	83	613	-	-	16,260
Total operating revenue and other support	32,127	1,942,730	225,623	64,298	58,340	82,835	23,063	(84,081)	2,344,935
Operating expenses									
Salaries	-	947,275	115,809	33,073	28,477	41,085	12,608	(33,504)	1,144,823
Employee benefits	-	227,138	26,988	6,741	6,517	7,123	2,918	(4,553)	272,872
Medications and medical supplies	-	401,165	36,313	5,140	2,941	8,401	1,421	-	455,381
Purchased services and other	13,615	287,948	32,099	14,311	13,767	14,589	7,108	(22,941)	360,496
Medicaid enhancement tax	-	59,708	8,476	2,853	1,747	3,226	-	-	76,010
Depreciation and amortization	14	71,109	9,480	3,601	2,596	5,004	360	-	92,164
Interest	25,780	23,431	953	1,097	252	1,159	62	(25,412)	27,322
Total operating expenses	39,409	2,017,774	230,118	66,816	56,297	80,587	24,477	(86,410)	2,429,068
Operating (loss) margin	(7,282)	(75,044)	(4,495)	(2,518)	2,043	2,248	(1,414)	2,329	(84,133)
Non-operating gains (losses)									
Investment income (losses), net	4,877	19,361	1,305	359	463	292	588	(198)	27,047
Other components of net periodic pension and post retirement benefit income	-	8,793	1,883	-	134	-	-	-	10,810
Other (losses) income, net	(3,932)	(1,077)	(569)	(25)	4,318	(205)	914	(2,131)	(2,707)
Total non-operating gains (losses), net	945	27,077	2,619	334	4,915	87	1,502	(2,329)	35,150
(Deficiency) excess of revenue over expenses	(6,337)	(47,967)	(1,876)	(2,184)	6,958	2,335	88	-	(48,983)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	591	179	344	300	-	-	-	1,414
Change in funded status of pension and other postretirement benefits	-	(58,513)	(13,321)	-	(7,188)	-	-	-	(79,022)
Net assets transferred to (from) affiliates	4,377	(7,282)	10	1,911	15	219	750	-	-
Other changes in net assets	-	-	(2,316)	-	-	-	-	-	(2,316)
Increase (decrease) in net assets without donor restrictions	$ (1,960)	$ (113,171)	$ (17,324)	$ 71	$ 85	$ 2,554	$ 838	$ -	$ (128,907)

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Schedule of Expenditures of Federal Awards

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Research and Development Cluster						
Department of Defense						
National Guard Military Operations and Maintenance (O&M) Projects	12.401	W81XWH1820076	Direct		$ 650,988	$ 188,599
Military Medical Research and Development	12.420	W81XWH1810712	Direct		57,464	31,111
Military Medical Research and Development	12.420	W81XWH2010319	Direct		402,739	71,954
Military Medical Research and Development	12.420	W81XWH2010330	Direct		4,666	-
Subtotal 12.420					464,869	291,664
Congressionally Directed Assistance	12.599	R1360	Pass-Through	Trustees of Dartmouth College	127,791	-
Total Department of Defense					1,243,648	291,664
Environmental Protection Agency						
Science To Achieve Results (STAR) Research Program	66.509	31220SUB52965	Pass-Through	University of Vermont	1,437	-
Total Environmental Protection Agency					1,437	-
Department of Health and Human Services						
Innovations in Applied Public Health Research	93.061	1 R01 TS000288	Direct		261,887	75,363
Maternal and Child Health Federal Consolidated Programs	93.110	L0090	Pass-Through	University of New Hampshire	40,644	-
Environmental Health	93.113	R1118	Pass-Through	Trustees of Dartmouth College	47,395	-
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	OSP33064-00	Pass-Through	University of Massachusetts Med School	17,997	-
Centers for Research and Demonstration for Health Promotion and Disease Prevention	93.135	R1140	Pass-Through	Trustees of Dartmouth College	5,108	-
Subtotal 93.135					23,105	-
Research Related to Deafness and Communication Disorders	93.173	6R21DC015133-03	Direct		12,042	12,042
Research Related to Deafness and Communication Disorders	93.173	1R21DC018147-01A1	Direct		88,283	-
Research Related to Deafness and Communication Disorders	93.173	R1294	Pass-Through	Trustees of Dartmouth College	7,016	-
Subtotal 93.173					107,341	12,042
National Research Service Award in Primary Care Medicine	93.186	T32HP32520	Direct		150,526	-
Research and Training in Complementary and Integrative Health	93.213	12272	Pass-Through	Palmer College of Chiropractic	8,167	-
Research and Training in Complementary and Integrative Health	93.213	12274	Pass-Through	Palmer College of Chiropractic	33,458	-
Research and Training in Complementary and Integrative Health	93.213	R1187	Pass-Through	Trustees of Dartmouth College	32,925	-
Research and Training in Complementary and Integrative Health	93.213	R1325	Pass-Through	Trustees of Dartmouth College	9,124	-
Research and Training in Complementary and Integrative Health	93.213	R1349	Pass-Through	Trustees of Dartmouth College	25,094	-
Research and Training in Complementary and Integrative Health	93.213	R15AT010035	Pass-Through	Southern California University of Health	38,964	30,497
Subtotal 93.213					147,732	30,497
Research on Healthcare Costs, Quality and Outcomes	93.226	R1146	Pass-Through	Trustees of Dartmouth College	2,365	-
Research on Healthcare Costs, Quality and Outcomes	93.226	R1110	Pass-Through	Trustees of Dartmouth College	9,240	-
Research on Healthcare Costs, Quality and Outcomes	93.226	41610.04.21.Dartmouth	Pass-Through	Nat'l Bureau of Economic Research	5,676	-
Subtotal 93.226					17,281	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Mental Health Research Grants	93.242	1K01MH117496-01A1	Direct		135,056	-
Mental Health Research Grants	93.242	1K08MH117347-01A1	Direct		138,107	-
Mental Health Research Grants	93.242	1R34MH124951-01	Direct		76,794	-
Mental Health Research Grants	93.242	235492	Pass-Through	Massachusetts General Hospital	8,277	-
Mental Health Research Grants	93.242	4500002925	Pass-Through	Boston University	21,137	-
Mental Health Research Grants	93.242	4500003586	Pass-Through	Boston University	120,096	-
Mental Health Research Grants	93.242	6K23MH116367-02	Direct		170,222	-
Mental Health Research Grants	93.242	6R01MH107625-05	Direct		157,144	157,144
Mental Health Research Grants	93.242	6R01MH110965	Direct		218,540	71,177
Mental Health Research Grants	93.242	6T32MH073553-15	Direct		321,084	321,084
Mental Health Research Grants	93.242	R1082	Pass-Through	Trustees of Dartmouth College	30,746	-
Mental Health Research Grants	93.242	R1144	Pass-Through	Trustees of Dartmouth College	15,486	-
Mental Health Research Grants	93.242	R1156	Pass-Through	Trustees of Dartmouth College	15,486	-
Subtotal 93.242					1,428,175	549,405
Alcohol Research Programs	93.273	1F31AA028413-01A1	Direct		19,477	-
Drug Free Communities Support Program Grants	93.276	1 NH28CE002898-01-00	Direct		94,690	-
Drug Abuse and Addiction Research Programs	93.279	19166	Direct		62,367	-
Drug Abuse and Addiction Research Programs	93.279	20-A0-S1-003671	Direct		93,893	-
Drug Abuse and Addiction Research Programs	93.279	20-A0-S1-003671 Project 1	Direct		103,483	-
Drug Abuse and Addiction Research Programs	93.279	6R01DA041416-04	Pass-Through	Baystate Medical Center, Inc	213,834	53,404
Drug Abuse and Addiction Research Programs	93.279	6R21DA044501-03	Pass-Through	New York University	148,159	-
Drug Abuse and Addiction Research Programs	93.279	R1104	Pass-Through	Trustees of Dartmouth College	15,593	-
Drug Abuse and Addiction Research Programs	93.279	R1425	Pass-Through	Trustees of Dartmouth College	113,989	-
Drug Abuse and Addiction Research Programs	93.279	R1470	Pass-Through	Trustees of Dartmouth College	14,628	-
Subtotal 93.279					765,946	53,404
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	6K23EB026507-02	Direct		149,260	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	6R21EB021456-03	Direct		22,460	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	7R21EB024771-03	Direct		134,197	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1103	Pass-Through	Trustees of Dartmouth College	19,192	-
Discovery and Applied Research for Technological Innovations to Improve Human Health	93.286	R1125	Pass-Through	Trustees of Dartmouth College	16,537	-
Subtotal 93.286					341,646	-

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Minority Health and Health Disparities Research	93.307	1R01MD014735	Direct		672,719	396,071
Trans-NIH Research Support	93.310	2UG1OD024946-04	Direct		436,639	-
Trans-NIH Research Support	93.310	2004833926	Pass-Through	Johns Hopkins University	81,399	-
Trans-NIH Research Support	93.310	54005	Pass-Through	University of Arkansas Medical Sciences	138,801	-
Trans-NIH Research Support	93.310	R1122	Pass-Through	Trustees of Dartmouth College	74,082	-
Trans-NIH Research Support	93.310	R1365	Pass-Through	Trustees of Dartmouth College	15,140	-
Subtotal 93.310					746,061	-
National Center for Advancing Translational Sciences	93.350	R1113	Pass-Through	Trustees of Dartmouth College	35,220	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	1204501	Pass-Through	Dana Farber Cancer Institute	210,112	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	R1449	Pass-Through	Trustees of Dartmouth College	16,798	-
21st Century Cures Act - Beau Biden Cancer Moonshot	93.353	R1456	Pass-Through	Trustees of Dartmouth College	34,645	-
Subtotal 93.353					261,555	-
Cancer Cause and Prevention Research	93.393	1R01CA225792	Direct		635,511	336,908
Cancer Cause and Prevention Research	93.393	1R21CA230875-01A1	Direct		98,962	35,808
Cancer Cause and Prevention Research	93.393	R01CA243449	Direct		565,861	87,144
Cancer Cause and Prevention Research	93.393	R21CA227776A	Direct		154,910	91,919
Cancer Cause and Prevention Research	93.393	BCL-Pivotal Study	Pass-Through	CairnSurgical, LLC	73,917	-
Cancer Cause and Prevention Research	93.393	DHMCCA222648	Pass-Through	The Pennsylvania State University	55,859	-
Cancer Cause and Prevention Research	93.393	R1250	Pass-Through	Trustees of Dartmouth College	223,197	-
Cancer Cause and Prevention Research	93.393	R1368	Pass-Through	Trustees of Dartmouth College	76,283	-
Cancer Cause and Prevention Research	93.393	R1451	Pass-Through	Trustees of Dartmouth College	4,282	-
Cancer Cause and Prevention Research	93.393	R1452	Pass-Through	Trustees of Dartmouth College	3,322	-
Cancer Cause and Prevention Research	93.393	R1462	Pass-Through	Trustees of Dartmouth College	12,922	-
Cancer Cause and Prevention Research	93.393	R1488	Pass-Through	Trustees of Dartmouth College	3,454	-
Cancer Cause and Prevention Research	93.393	R44CA210810	Pass-Through	CairnSurgical, LLC	132,783	-
Subtotal 93.393					2,041,263	551,779
Cancer Detection and Diagnosis Research	93.394	4R00CA190890-03	Direct	National Cancer Institute	250,996	-
Cancer Detection and Diagnosis Research	93.394	5R37CA212187-03	Direct	National Cancer Institute	72,721	7,845
Cancer Detection and Diagnosis Research	93.394	R1086	Pass-Through	Trustees of Dartmouth College	16,805	-
Cancer Detection and Diagnosis Research	93.394	R1124	Pass-Through	Trustees of Dartmouth College	103,868	-
Cancer Detection and Diagnosis Research	93.394	R1313	Pass-Through	Trustees of Dartmouth College	174,132	-
Cancer Detection and Diagnosis Research	93.394	R1369	Pass-Through	Trustees of Dartmouth College	44,398	-
Cancer Detection and Diagnosis Research	93.394	R1437	Pass-Through	Trustees of Dartmouth College	7,197	-
Cancer Detection and Diagnosis Research	93.394	R1444	Pass-Through	Trustees of Dartmouth College	34,543	-
Cancer Detection and Diagnosis Research	93.394	R1513	Pass-Through	Trustees of Dartmouth College	777	-
Cancer Detection and Diagnosis Research	93.394	2UG1CA189823	Pass-Through	Mayo Clinic	15,432	-
Subtotal 93.394					720,869	7,845

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Cancer Treatment Research	93.395	1UG1CA233323-01	Direct		155,100	-
Cancer Treatment Research	93.395	120870	Pass-Through	Brigham and Women's Hospital	29,696	-
Cancer Treatment Research	93.395	R1087	Pass-Through	Trustees of Dartmouth College	8,491	-
Cancer Treatment Research	93.395	R1400	Pass-Through	Trustees of Dartmouth College	15,789	-
Subtotal 93.395					209,076	-
Cancer Centers Support Grants	93.397	R1381	Pass-Through	Trustees of Dartmouth College	18,735	-
Cancer Centers Support Grants	93.397	R1389	Pass-Through	Trustees of Dartmouth College	98,315	-
Cancer Centers Support Grants	93.397	R1390	Pass-Through	Trustees of Dartmouth College	73,734	-
Cancer Centers Support Grants	93.397	R1391	Pass-Through	Trustees of Dartmouth College	103,386	-
Cancer Centers Support Grants	93.397	R1392	Pass-Through	Trustees of Dartmouth College	15,763	-
Cancer Centers Support Grants	93.397	R1393	Pass-Through	Trustees of Dartmouth College	198,557	-
Cancer Centers Support Grants	93.397	R1394	Pass-Through	Trustees of Dartmouth College	40,695	-
Cancer Centers Support Grants	93.397	R1395	Pass-Through	Trustees of Dartmouth College	267,536	-
Cancer Centers Support Grants	93.397	R1396	Pass-Through	Trustees of Dartmouth College	82,833	-
Cancer Centers Support Grants	93.397	R1397	Pass-Through	Trustees of Dartmouth College	34,853	-
COVID-19 Cancer Centers Support Grants	93.397	R1398	Pass-Through	Trustees of Dartmouth College	47,282	-
Cancer Centers Support Grants	93.397	R1432	Pass-Through	Trustees of Dartmouth College	100,000	-
Cancer Centers Support Grants	93.397	R1439	Pass-Through	Trustees of Dartmouth College	123,743	-
Cancer Centers Support Grants	93.397	R1440	Pass-Through	Trustees of Dartmouth College	49,628	-
Cancer Centers Support Grants	93.397	R1466	Pass-Through	Trustees of Dartmouth College	13,036	-
Subtotal 93.397					1,268,096	-
Cardiovascular Diseases Research	93.398	1K08CA259632-01	Direct		34,259	-
Cardiovascular Diseases Research	93.837	1UM1HL147371-01	Direct		349,294	15,649
Cardiovascular Diseases Research	93.837	3K23HL142835-04S1	Direct		95,967	5,020
Cardiovascular Diseases Research	93.837	7K23HL142835-02	Direct		175,323	-
Subtotal 93.837					620,584	20,669
Lung Diseases Research	93.838	KHL150453A	Direct		102,226	-
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	1R01AR077157-01	Direct		521,926	155,769
Arthritis, Musculoskeletal and Skin Diseases Research	93.846	R1342	Pass-Through	Trustees of Dartmouth College	1,624	-
Subtotal 93.846					523,550	155,769
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	1R21DK124733	Direct		119,767	20,292
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1363	Pass-Through	Trustees of Dartmouth College	25,822	-
Diabetes, Digestive, and Kidney Diseases Extramural Research	93.847	R1450	Pass-Through	Trustees of Dartmouth College	178,536	-
Subtotal 93.847					324,125	20,292

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	01062758	Pass-Through	Beth Israel Deaconess Medical Center	13,675	-
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	1R01NS116994-01A1	Direct		525,135	21,385
Extramural Research Programs in the Neurosciences and Neurological Disorders	93.853	1R21NS116434-01A1	Direct		9,431	-
Subtotal 93.853					548,241	21,385
Allergy and Infectious Diseases Research	93.855	R1081	Pass-Through	Trustees of Dartmouth College	7,763	-
Allergy and Infectious Diseases Research	93.855	R1377	Pass-Through	Trustees of Dartmouth College	38,381	-
Subtotal 93.853					46,144	-
Biomedical Research and Research Training	93.859	DAR-263973	Pass-Through	Mayo Clinic	21,078	-
Biomedical Research and Research Training	93.859	GRT20094	Pass-Through	Excision BioTherapeutics	37,261	-
Biomedical Research and Research Training	93.859	MH-Rosen-111081-Lukovits	Pass-Through	Maine Medical Center	6,152	-
Biomedical Research and Research Training	93.859	R1141	Pass-Through	Trustees of Dartmouth College	67,864	-
Biomedical Research and Research Training	93.859	R1145	Pass-Through	Trustees of Dartmouth College	6,133	-
Biomedical Research and Research Training	93.859	R1467	Pass-Through	Trustees of Dartmouth College	4,430	-
Biomedical Research and Research Training	93.859	R1486	Pass-Through	Trustees of Dartmouth College	3,963	-
Biomedical Research and Research Training	93.859	R1506	Pass-Through	Trustees of Dartmouth College	130	-
Subtotal 93.859					147,011	-
Child Health and Human Development Extramural Research	93.865	51460	Pass-Through	Univ of Arkansas for Medical Sciences	27,544	-
Child Health and Human Development Extramural Research	93.865	5P2CHD086841-04	Direct		3,695	-
Child Health and Human Development Extramural Research	93.865	6R01HD067270	Direct		818,617	677,303
Child Health and Human Development Extramural Research	93.865	6UG1OD024946-03	Direct		178,448	-
Child Health and Human Development Extramural Research	93.865	D19080	Pass-Through	Reia, LLC	7,703	-
Child Health and Human Development Extramural Research	93.865	R1119	Pass-Through	Trustees of Dartmouth College	39,646	-
Subtotal 93.865					1,075,653	677,303
Aging Research	93.866	6K23AG051681-04	Direct		6,437	-
Aging Research	93.866	R1102	Pass-Through	Trustees of Dartmouth College	36,647	-
Subtotal 93.866					43,084	-
Vision Research	93.867	6R21EY028677-02	Direct		60,153	49,973
Medical Library Assistance	93.879	R1107	Pass-Through	Trustees of Dartmouth College	15,292	-
Medical Library Assistance	93.879	R1190	Pass-Through	Trustees of Dartmouth College	37,792	-
Subtotal 93.979					53,084	-
International Research and Research Training	93.989	R1123	Pass-Through	Trustees of Dartmouth College	12,226	-
International Research and Research Training	93.989	6R25TW007693-09	Pass-Through	Fogarty International Center	185,544	144,141
Subtotal 93.989					197,770	144,141
Total Department of Health and Human Services					13,176,588	2,765,938

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
National Aeronautics and Space Administration						
Exploration	43.003	R1495	Pass-Through	Trustees of Dartmouth College	5,475	-
Total National Aeronautics and Space Administration					5,475	-
Total Research and Development Cluster					14,427,148	3,057,602
Other Sponsored Programs						
Department of Justice						
Crime Victim Assistance	16.575	2018-V3-GX-4078	Direct		123,602	13,837
Crime Victim Assistance	16.575	5021-072-500575	Pass-Through	New Hampshire Department of Justice	998	-
Crime Victim Assistance	16.575	2021VOC40	Pass-Through	New Hampshire Department of Justice	280,809	-
Subtotal 16.575					405,409	13,837
Total Department of Justice					405,409	13,837
Department of Labor						
Disability Employment Policy Development	17.720	1947RTN01	Pass-Through	Vermont Department of Labor	1,019,623	-
H-1B Job Training Grants	17.268	HG-35889-21-60-A-33	Direct		26,369	-
Total Department of Labor					1,045,992	-
National Endowment for the Humanities						
Promotion of the Arts Grants to Organizations and Individuals	45.024	1856102-38-19	Direct	Vermont Dept for Children and Families	37,980	-
Total National Endowment for the Humanities					37,980	-
National Science Foundation						
Promotion of the Arts Grants to Organizations and Individuals	47.083	R1253	Pass-Through	Trustees of Dartmouth College	3,629	-
Total National Science Foundation					3,629	-
Department of Health and Human Services						
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	GENFD0001568485	Pass-Through	Boston Children's Hospital	7,911	-
Blood Disorder Program: Prevention, Surveillance, and Research	93.080	GENFD0001940813	Pass-Through	Boston Children's Hospital	3,175	-
Subtotal 93.080					11,086	-
Enhance Safety of Children Affected by Substance Abuse	93.087	90CU0109-01-00	Direct		382,608	-
Maternal and Child Health Federal Consolidated Programs	93.110	0253-6548-4609	Pass-Through	Icahn School of Medicine at Mount Sinai	20,435	-
Emergency Medical Services for Children	93.127	7 H33MC323950100	Direct		115,366	-
Injury Prevention and Control Research and State and Community Based Programs	93.136	03420-08225	Pass-Through	Vermont Agency of Human Services	78,213	-
HIV-Related Training and Technical Assistance	93.145	5U1OHA29294-04-00	Pass-Through	University of Massachusetts Med School	468	-
Coordinated Services and Access to Research for Women, Infants, Children	93.153	5H12HA31112-03-00	Direct		405,644	-
Coordinated Services and Access to Research for Women, Infants, Children	93.153	H12HA31112	Direct		30,018	-
COVID-19 Coordinated Services and Access to Research for Women, Infants, Children	93.153	H1XHA37020-01	Direct		32,153	-
Subtotal 93.153					467,815	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Research and Training in Complementary and Integrative Health	93.213	1 G26RH40088-01-00	Direct		61,276	-
State Rural Hospital Flexibility Program	93.241	03420-08324	Pass-Through	Vermont Department of Health	76,299	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SM082302-01	Direct		680,032	38,553
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	1H79SP081227-01	Direct		22,728	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	7H79SM063584-01	Direct		94,531	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	03420-08324	Pass-Through	Vermont Department of Health	38,941	-
Subtotal 93.243					836,232	38,553
COVID-19 Epidemiology and Laboratory Capacity for Infectious Diseases	93.323	RFP-2018-DHPS-02-INFEC-A0	Pass-Through	NH Dept of Health and Human Services	227,912	-
COVID-19 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	SS-2019-DPHS-28-REGION-08	Pass-Through	NH Dept of Health and Human Services	69,644	-
COVID-19 HRSA Testing for Uninsured	93.461				554,000	-
Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	93.478	SS-2020-DPHS-11-MATERN	Pass-Through	NH Dept of Health and Human Services	97,283	-
COVID-19 CARES Provider Relief Funds	93.498				88,526,259	-
Adoption Opportunities	93.652	AWD00009303	Direct		20	-
Adoption Opportunities	93.652	Not Provided	Pass-Through	NH Dept of Health and Human Services	8	-
Subtotal 93.652					28	-
Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	93.758	RFP-2018-DPHS-01-REGION	Pass-Through	NH Dept of Health and Human Services	2,348	-
University Centers for Excellence in Developmental Disabilities Education, Research, and Service	93.761	90FPSG0019	Direct		13,744	-
University Centers for Excellence in Developmental Disabilities Education, Research, and Service	93.761	90FPSG0038-01-00	Direct		108,468	-
Subtotal 93.761					122,212	-
Opioid STR	93.788	2019-BDAS-05-ACCES-04	Pass-Through	NH Dept of Health and Human Services	1,502,486	-
Opioid STR	93.788	05-95-92-920510-7040-5007	Pass-Through	NH Dept of Health and Human Services	206,865	-
Opioid STR	93.788	RFP-2018-BDAS-05-INTEG	Pass-Through	NH Dept of Health and Human Services	851,538	11,466
Opioid STR	93.788	T1081685	Pass-Through	NH Dept of Health and Human Services	884,651	-
Opioid STR	93.788	03420-08055	Pass-Through	Vermont Agency of Human Services	491,016	-
Subtotal 93.788					3,936,556	11,466
Organized Approaches to Increase Colorectal Cancer Screening	93.800	5 NU58DP006086	Direct		5,332	-
Organized Approaches to Increase Colorectal Cancer Screening	93.800	5NU58DP006086-05-00	Pass-Through	NH Dept of Health and Human Services	460,372	-
Organized Approaches to Increase Colorectal Cancer Screening	93.800	NU58DP006753-01-00	Direct		662,426	-
Subtotal 93.800					1,128,130	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-08175	Pass-Through	Vermont Department of Health	65,338	-
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	03420-07623	Pass-Through	Vermont Department of Health	185,872	-
Subtotal 93.870					251,209	-
COVID-19 National Bioterrorism Hospital Preparedness Program	93.889	NHHA ASPR COVID-19 2020	Pass-Through	Foundation for Healthy Communities	92,203	-
COVID-19 National Bioterrorism Hospital Preparedness Program	93.889	NHHA ASPR COVID-19 2020	Pass-Through	Foundation for Healthy Communities	6,800	-
Subtotal 93.889					99,003	-
Rural Health Care Services Outreach, Rural Health Network Development And Small Health Care Provider Quality Improvement	93.912	Not Provided	Pass-Through	County of Cheshire	10,815	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	1 H76HA31654-01-00	Direct		312,020	-
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918	H7CHA37245-01	Direct		85,830	-
Subtotal 93.918					397,850	-
Block Grants for Community Mental Health Services	93.958	9224120	Pass-Through	NH Dept of Health and Human Services	75,889	13,340
Block Grants for Prevention and Treatment of Substance Abuse	93.959	T1010035-15	Pass-Through	Foundation for Healthy Communities	121,350	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	05-95-49-491510-2990	Pass-Through	Foundation for Healthy Communities	61,249	-
Block Grants for Prevention and Treatment of Substance Abuse	93.959	03420-08011	Pass-Through	Vermont Department of Health	41,534	-
Subtotal 93.959					224,134	-
COVID-19 PPHF Geriatric Education Centers	93.969	1T1MHP39074-01-00	Direct		90,731	-
PPHF Geriatric Education Centers	93.969	2 U1QHP32519-02-00	Direct		965,041	-
PPHF Geriatric Education Centers	93.969	U1QHP32519	Direct		16,953	-
Subtotal 93.969					1,072,725	-
Medicaid Cluster						
Medical Assistance Program	93.778	Not Provided	Pass-Through	NH Dept of Health and Human Services	2,400,114	-
Medical Assistance Program	93.778	RFP-2017-0COM-01-PHYSI-01	Pass-Through	NH Dept of Health and Human Services	2,318	-
Medical Assistance Program	93.778	SNHH 2-18-19	Pass-Through	Southern New Hampshire Health	220,428	-
Medical Assistance Program	93.778	SS-2020-DCYF-13-SPECI-01	Pass-Through	State of New Hampshire	331,549	-
Medical Assistance Program	93.778	03420-08401	Pass-Through	Vermont Department of Health	61,172	-
Medical Assistance Program	93.778	03410-2230-21	Pass-Through	Vermont Department of Health	107,990	-
Medical Assistance Program	93.778	03460-1-2381	Pass-Through	Cathedral Square Corporation	9,481	-
Total Medicaid Cluster					3,133,051	-
Total Department of Health and Human Services					101,979,046	63,359
Department of Homeland Security						
COVID-19 Disaster Grants - Public Assistance	97.036		Pass-Through	Federal Emergency Management Agency	779,234	-
Total Department of Homeland Security					779,234	-

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

Federal Program	Assistance listing number	Award number/pass-through identification number	Funding source	Pass-through entity	Total expenditures	Amount passed through to subrecipients
Department of Transportation						
Highway Safety Cluster						
State and Community Highway Safety	20.600	19-266 Youth Operator	Pass-Through	NH Highway Safety Agency	231	-
State and Community Highway Safety	20.600	19-266 BUNH	Pass-Through	NH Highway Safety Agency	210	-
State and Community Highway Safety	20.600	21-266	Pass-Through	NH Highway Safety Agency	211,566	-
Subtotal 20.600					212,007	-
Total Highway Safety Cluster					212,007	-
Various						
Greater Monadnock Regional Public Health Network Services	93.U01*	Not Provided	Pass-Through	County of Cheshire	171,034	-
Total Various					171,034	-
Total Federal Other Sponsored Programs					104,654,331	77,196
Total Expenditures of Federal Awards					$ 119,061,479	$ 3,134,798

*Further discussed in Footnote 3

The accompanying notes to the Schedule of Expenditures of Federal Awards are an integral part of the Schedule.

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Dartmouth-Hitchcock Health and Subsidiaries
Notes to Schedule of Expenditures of Federal Awards
Year Ended June 30, 2021

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the "Schedule") presents the activity of federal award programs administered by Dartmouth-Hitchcock Health and Subsidiaries (the "Health System") as defined in the notes to the consolidated financial statements and is presented on an accrual basis. The purpose of this Schedule is to present a summary of those activities of the Health System for the year ended June 30, 2021 which have been financed by the United States government ("federal awards"). For purposes of this Schedule, federal awards include all federal assistance entered into directly between the Health System and the federal government and subawards from nonfederal organizations made under federally sponsored agreements. The information in this Schedule in presented in accordance with the requirements of the Uniform Guidance. Pass-through entity identification numbers and Assistance listing numbers have been provided where available.

Visiting Nurse and Hospice of NH and VT ("VNH") received a Community Facilities Loan, Assistance listing #10.766, of which the proceeds were expended in 2018. The VNH had an outstanding balance of $2,489,442 as of June 30, 2021. As this loan was related to a project that was completed in the prior audit period and the terms and conditions do not impose continued compliance requirements other than to repay the loan, we have properly excluded the outstanding loan balance from the Schedule.

2. Indirect Expenses

Indirect costs are charged to certain federal grants and contracts at a federally approved predetermined indirect rate, negotiated with the Division of Cost Allocation and therefore we do not use the de minimus 10% rate. The predetermined rate provided for the year ended June 30, 2021 was 53%. Indirect costs are included in the reported federal expenditures.

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3. **Greater Monadnock Regional Public Health Network Services**

Cheshire Medical Center received a pass-through award from the County of Cheshire, who were themselves a pass-through entity for their award from the New Hampshire Department of Health and Human Services. The award contract between the County of Cheshire and NH DHHS indicates that the award is funded from several Federal Agencies, programs, and Assistance listing numbers as noted below. The total award amount of $171,034 was not split out by Agency listed below. Accordingly, the total expenditures of $171,034 included on accompanying SEFA for this program are listed as one amount under the Assistance living #93.U01.

AGENCY		ASSISTANCE LISTING #
US Centers for Disease Control & Prevention	Preventative Health Services	93.991
US Centers for Disease Control & Prevention	Public Health Emergency Preparedness Program	93.074
US Centers for Disease Control & Prevention	Public Health Emergency Preparedness Program	93.069
US Centers for Disease Control & Prevention	Immunization Cooperative Agreements	93.268
US Department of Health & Human Services	Substance Abuse Prevention and Treatment Block Grant	93.959
US Department of Health & Human Services	Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243
US Department of Health & Human Services	Public Health Emergency Preparedness Program	93.074
US Department of Health & Human Services	Public Health Emergency Preparedness Program	93.889
US Department of Health & Human Services	Childhood Lead Poisoning Prevention & Surveillance Program	93.197
US Department of Health & Human Services	Environmental Public Health and Emergency Response	93.070

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Part II
Reports on Internal Control and Compliance

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Report of Independent Auditors on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States, the consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheet as of June 30, 2021, and the related consolidated statements of operations and changes in net assets and of cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 18, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health System's internal control over financial reporting ("internal control") as a basis for designing the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health System's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health System's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards.*

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Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 18, 2021

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Report of Independent Auditors on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with the Uniform Guidance

To the Board of Trustees of
Dartmouth-Hitchcock Health and subsidiaries

Report on Compliance for Each Major Federal Program

We have audited Dartmouth-Hitchcock Health and its subsidiares' (The "Health System") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Health System's major federal programs for the year ended June 30, 2021. The Health System's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Health System's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Health System's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Health System's compliance.

Opinion on Each Major Federal Program

In our opinion, Dartmouth-Hitchcock Health and its subsidiaries complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

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Report on Internal Control Over Compliance

Management of the Health System is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Health System's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Health System's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

PricewaterhouseCoopers LLP

Boston, Massachusetts
September 30, 2022

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, Massachusetts 02210
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Part III
Findings and Questioned Costs

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Dartmouth-Hitchcock and Subsidiaries
Schedule of Findings and Questioned Costs
Year Ended June 30, 2021

I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued	Unmodified opinion
Internal control over financial reporting	
Material weakness (es) identified?	No
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	None reported
Noncompliance material to financial statements	No

Federal Awards

Internal control over major programs	
Material weakness (es) identified?	No
Significant deficiency (ies) identified that are not considered to be material weakness (es)?	None reported
Type of auditor's report issued on compliance for major programs	Unmodified opinion
Audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	No

Identification of major programs

CFDA Number	Name of Federal Program or Cluster
93.498	Provider Relief Funds
97.036	COVID-19 Disaster Grants - Public Assistance

Dollar threshold used to distinguish between Type A and Type B programs	$3,572,408
Auditee qualified as low-risk auditee?	Yes

II. Financial Statement Findings

None Noted

III. Federal Award Findings and Questioned Costs

None Noted

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Dartmouth-Hitchcock and Subsidiaries
Summary Schedule of Prior Audit Findings and Status
Year Ended June 30, 2021

There are no findings from prior years that require an update in this report.

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MARY HITCHCOCK MEMORIAL HOSPTIAL (MHMH)/ DARTMOUTH HITCHCOCK CLINIC (DHC) DARTMOUTH HEALTH

BOARDS OF TRUSTEES AND OFFICERS

Effective: January 1, 2023

Geraldine "Polly" Bednash, PhD, RN, FAAN (Thomas) MHMH/DHC/Dartmouth Health Trustee *Adjunct Professor, Australian Catholic University*	MHMH/DHC: Term began 1/1/2021. Term Limit: 12/31/2029. Dartmouth Health: Elected MHMH rep. trustee effective 1/1/2022 and until D-HH/GO Board is constituted. **Committees:** Governance R&E TDCC Value, Chair
Mark W. Begor, MBA (Kristen) MHMH/DHC/ Dartmouth Health Trustee *Chief Executive Officer, Equifax*	MHMH/DHC: Elected 12/13/2019 for term to begin 1/1/2020. Term Limit: 12/31/2028. Dartmouth Health: Elected DHC rep. trustee effective 1/1/2022 and until D-HH/GO Board is constituted. **Committees:** ACC, Chair Finance Governance
Laura M. Chiang, MD (Tung Nguyen) MHMH/DHC Trustee *Assistant Professor of Anesthesiology and Critical Care; Vice Chair for Education, Dep.t of Anesthesiology and Co-Medical Director, Surgical Intensive Care Unit*	D-H: Elected as a D-H Lebanon Physician Trustee for a 3-year term 1/1/2023 -12/31/2025. **Committees:** Finance R&E
Duane A. Compton, PhD MHMH/DHC/ Dartmouth Health Trustee *Ex-Officio: Dean, Geisel School of Medicine at Dartmouth*	MHMH/DHC/D-HH: Ex-officio as Interim Dean (effective 7/15/2014). Named Dean on 4/5/2017 **Committees:** R&E Value

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Joanne M. Conroy, MD MHMH/DHC/ Dartmouth Health Trustee *Ex-Officio: CEO & President, D-H/D-HH* One Medical Center Drive, Lebanon, NH 03756	CEO & President, effective 8/7/2017. **Committees:** All
Gary V. Desir, MD (Deborah) MHMH/DHC Trustee *Yale School of Medicine: Paul B. Beeson Professor of Medicine, Chair, Internal Medicine at Yale School of Medicine and Yale New Haven Hospital; Vice Provost for Faculty Development and Diversity, Yale University*	MHMH/DHC: Elected 12/16/2022 for term to begin 1/1/2023. Term Limit: 12/31/2031. **Committees:** R&E Value
Carl "Trey" Dobson, MD (Amy) MHMH/DHC Trustee *Chief Medical Officer, Southwestern Vermont Medical Center & Medical Director for the D-H Practice, Bennington, Vermont*	D-H: Elected as a D-H CGP Physician Trustee for a 3-year term 1/1/2021 - 12/31/2023. **Committees:** Finance Value
Tina Dooley-Jones, PhD (Joe Dooley) MHMH/DHC Trustee *Retired Senior Foreign Service Officer*	MHMH/DHC: Elected 12/16/2022 for term to begin 1/1/2023. Term Limit: 12/31/2031. **Committees:** ACC Value
Nancy M. Dunbar, MD (Geoff) MHMH/DHC Trustee *Medical Director, Blood Bank* *Department of Pathology and Laboratory Medicine*	D-H: Elected as a D-H Lebanon Physician Trustee for a 3-year term 1/1/2022 -12/31/2024. **Committees:** Finance Value

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Elof Eriksson, MD, PhD (Gudrun) MHMH/DHC Trustee *Professor Emeritus, Harvard Medical School and Chief Medical Officer, Applied Tissues Technologies, LLC*	MHMH/DHC: Elected 12/13/2019 for term to begin 1/1/2020. Term Limit: 12/31/2028. **Committees:** Governance R&E, Chair Value
Gary L. Freed, MD, PharmD (Meghan) MHMH/DHC Trustee *Medical Director of the Comprehensive Wound Clinic at D-H & Assistant Professor of Surgery, Geisel School of Medicine at Dartmouth*	D-H: Elected as a D-H Lebanon Physician Trustee for a 3-year term 1/1/2021 - 12/31/2023. **Committees:** R&E Value
Thomas P. Glynn, PhD (Marylou Batt) MHMH/DHC Trustee *Adjust Lecturer, Harvard Kennedy School of Government*	MHMH/DHC: Term began 1/1/2021. Term Limit: 12/31/2029. **Committees:** ACC Finance
Roberta L. Hines, MD (Jerome Liebrand) MHMH/DHC Boards' Chair | Dartmouth Health Trustee *Nicholas M. Greene Professor and Chair, Dept. of Anesthesiology, Yale School of Medicine*	D-H: Elected on 3/22/2019 for a term to begin on 4/1/2019. Term Limit: 3/31/2028. Dartmouth Health: Elected DHC rep. trustee effective 1/1/2022 and until D-HH/GO Board is constituted. **Committees:** All Chair of Governance
Jennifer L. Moyer, MBA (David Bartlett) MHMH/DHC/ Dartmouth Health Trustee *Managing Director & CAO, White Mountains Insurance Group, Ltd*	MHMH/DHC: Elected 12/13/2019 for term to begin 1/1/2020. Term Limit: 12/31/2028. Dartmouth Health: Elected MHMH rep. trustee effective 1/1/2022 and until D-HH/GO Board is constituted. **Committees:** Finance Governance TDCC, Chair Value
Sherri C. Oberg, MBA (Curt)	MHMH/DHC: Elected for

MHMH/DHC Trustee *CEO and Co-Founder of Particles for Humanity, PBC*	term to begin 1/1/2022. Term Limit: 12/31/2030 **Committees:** Finance R&E
David P. Paul, MBA (Jill) MHMH/DHC Board Secretary | Dartmouth Health Trustee *Retired President & COO, JBG SMITH*	MHMH/DHC: Elected 12/13/2019 for term to begin 1/1/2020. Term Limit: 12/31/2028. Dartmouth Health: Elected MHMH rep. trustee effective 1/1/2022 and until D-HH/GO Board is constituted. **Committees:** Finance, Vice Chair Governance (Invited Guest) TDCC Value
Charles G. Plimpton, MBA (Barbara Nyholm) MHMH/DHC/ Dartmouth Health Trustee MHMH/DHC Boards' Treasurer Dartmouth Health Board Treasurer & Secretary *Retired Investment Banker*	MHMH/DHC: Elected on 3/20/2015. Term began 4/1/2015. Term Limit: 12/31/2023. Dartmouth Health: Elected on 3/20/2015. DHC rep. Term Limit Year: 2023. **Committees:** Development, Chair Finance, Chair Governance Investment TDCC
Thomas Raffio, MBA, FLMI (Ellen) MHMH/DHC Trustee *President & CEO, Northeast Delta Dental*	MHMH/DHC: Elected 12/13/2019 for term to begin 1/1/2020. Term Limit: 12/31/2028. **Committees:** ACC R&E
Mark S. Speers, MBA (Paula) MHMH/DHC Trustee *Co-founder & Senior Advisor, Health Advances, LLC*	MHMH/DHC: Elected 12/16/2022 for term to begin 1/1/2023. Term Limit: 12/31/2031. **Committees:** ACC Finance
Edward Howe Stansfield, III, MA (Amy) MHMH/DHC Trustee Dartmouth Health Trustee & Board Chair *Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch*	MHMH/DHC: Elected 6/23/2017 for an initial term 7/1/2017 - 6/30/2020. Term Limit: 6/30/2026. Dartmouth Health: Elected 6/23/2017 for an initial term 7/1/2017 -

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	6/30/2021. Term Limit: 6/30/2026. **Committees:** All
Paul A. Taheri, MD, MBA (Kay) MHMH/DHC Trustee *Clinical Partner – Welsh Carson Anderson and Stowe*	MHMH/DHC: Elected 12/16/2022 for term to begin 1/1/2023. Term Limit: 12/31/2031. **Committees:** Finance R&E
Pamela Austin Thompson, MS, RN, CENP, FAAN (Robert) MHMH/DHC/ Dartmouth Health Trustee *Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)*	MHMH/DHC: Elected 6/23/2017 for a term to begin 7/1/2017. Term Limit: 6/30/2026. Dartmouth Health: Elected 6/23/2017 for an initial term 7/1/2017 - 6/30/2021. Term Limit: 6/30/2026. **Committees:** Governance (Invited Guest) R&E TDCC Value
Sandra L. Wong, MD, MS MHMH/DHC Trustee *William N. and Bessie Allyn Professor of Surgery, Chair of the Department of Surgery at Dartmouth-Hitchcock Medical Center (DHMC) and the Geisel School of Medicine at Dartmouth, and senior vice president of the Surgical Service Line at D-HH*	D-H: Elected as a D-H Clinical Chair/Center Director Trustee for a 3-year term 3/25/2022 - 12/31/2024. **Committees:** R&E Value

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Member of Dartmouth Health, not a member of MHMH & DHC:

Richard J. Powell, MD (Roshini Pinto-Powell, MD) Dartmouth Health Trustee *Section Chief, Vascular Surgery; Professor of Surgery and Radiology*	Dartmouth Health: elected on 12/13/19 for an initial 3-year term to begin 1/1/2020. Term Limit Year: 2031. **Committees:** Finance Value

Governance Oversight:
Kimberley A. Gibbs
Director, Executive Administration and Governance
One Medical Center Drive, Lebanon, NH 03756
kimberley.a.gibbs@hitchcock.org

Administrative Support:
Claire M. Lillie
Exec. Coordinator for Governance & Leadership
claire.m.lillie@hitchcock.org

Laura K. Rondeau
Exec. Coordinator for Governance & Leadership
laura.k.rondeau@hitchcock.org

ANDREA E. SMITH

[redacted]

SUMMARY OF QUALIFICATIONS

A proven leader and academic with over 10 years of experience in the nonprofit/healthcare field seeking the position of Community Health Partnership Coordinator with Dartmouth-Hitchcock Medical Center.

SKILLS AND PROFICIENCIES

Computer Skills:
WebEx/Zoom Platforms, Microsoft Suite, CiviCRM, Google Apps

PROFESSIONAL EXPERIENCE

Community Health Partnership Coordinator — March 2020-Present
Dartmouth-Hitchcock Medical Center — Lebanon, NH

- Drives the development of one or more community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members.
- Ensures project related assessment of community needs and assets as assigned.
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations.
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organizations are responsible.
- Assists with and independently conducts evaluation to track progress and improve the quality of future work.

Navigator/Corporate Services Liaison — November 2018- March 2020
United Helpers — Canton, NY

- Served as initial point of contact for community members for a healthcare nonprofit that serves more than 2,000 people per day and assisted with navigating the more than 20 services the agency provides.
- Provided customer relations in dealing with patients, families, physicians, fellow department employees, other departments, referral resources, service agencies and others.
- Planned, coordinated, and executed day-to-day activities specific to marketing, advertising, outreach, and education of the United Helpers continuum of services.
- Represented and coordinated representation for the United Helpers Organization at various health fairs, expositions, functions and other community events.
- Actively managed an extensive database of referral sources via CiviCRM with United Helpers and in the community.

Quality Assurance Assistant — September 2016-November 2018
United Helpers — Ogdensburg, NY

- Assisted Quality Assurance Coordinator in implementing the agency's overall quality improvement program through auditing and staff trainings.
- Assisted agency with obtaining national Council on Quality and Leadership accreditation.

- Functioned as the agency's primary investigator for internal investigations, reportable incidents, and notable occurrences for incidents involving people with Intellectual Disabilities.
- Trained all new staff on the New York State Office for People with Developmental Disabilities regulations regarding reporting and preventing abuse.

Staff Development Specialist January 2016-September 2016
United Helpers. Ogdensburg, NY

- Planned, directed, monitored, and implemented all staff development programs for the agency in accordance with federal and state regulations as well as agency goals and mission.
- Provided education and support for direct support and other professionals to safely provide support services to program members.

Temporary Social Worker June-August 2015
Canton-Potsdam Hospital Potsdam, NY

- Assisted patients and families with navigating the various services available upon discharge throughout the county.
- Collaborated with local skilled nursing facilities to facilitate transitions for patients from the hospital to short-term rehabilitation centers or long-term skilled nursing facilities.
- Provided crisis intervention for families and patients when necessary, working inter-professionally with Hospitalist Providers to ensure complete care was provided to patients.

Public Administration/Social Work Intern 2014-2015
Rise, Domestic Violence Agency Endicott, NY

- Completed small grant applications and assisted with fund allocation.
- Assisted with data collection projects.
- Co-facilitated a court-mandated domestic violence group, a 16-week evening group for domestic violence survivors and a weekly group at the local domestic violence shelter. Prepared group curriculum.
- Met with clients one-on-one for strengths-based therapy.

Graduate Assistant for the Department of Public Administration 2014-2015
Binghamton University Vestal, NY

- Co-created a Board Development Protocol for the Broome County Arts Council Board of Directors.
- Developed case studies related to "hot topics" in Public Administration and compiled research.
- Created/administered surveys through Survey Monkey.

Graduate Assistant of Interpersonal Violence Prevention Program 2013-2014
Binghamton University Vestal, NY

- Supervised undergraduate interns
- Created and presented educational programming related to interpersonal violence to college students.
- Attended University meetings with varying departments/leadership.

Hartford Partnership Program for Aging Education Fellow Social Work Intern 2012-2013
Rural Health Network of South Central New York Whitney Point, NY

- MSW intern with the Renew Health Program providing case management and home visits to uninsured adults living with a chronic health condition in rural Broome, Tioga, and Delaware counties.

Prevention Educator 2010- 2012
Steuben Council on Addictions Bath, NY

- Provided the public with relevant substance abuse information through community events, advertising, and publicity.
- Visited schools and adult community groups to help participants build knowledge and skills for substance abuse prevention.
- Presented evidence-based and custom workshops on topics including: Life Skills, Bullying Prevention, Self-esteem, etc.
- Actively participated in community task forces interacting with various stakeholders.

VOLUNTEER WORK

Children's Center of the Upper Valley, Board Member (March 2021-Present)
Canton-Potsdam Hospital Guild, Board Member (September 2017-January 2020)
LIFE: Literary is for Everyone, Tutor (July 2017-January 2020)
MPA Graduate Student Organization, Vice President (2 terms)

CERTIFICATIONS/TRAININGS

Youth Mental Health First Aid Instructor (2021-Present)
Connect Suicide Prevention Trainer (2021-Present)
American Heart Association BLS Instructor (2016-2020)
Department of Health Certified Rape Crisis Counselor/Advocate (2011-2012)

EDUCATION

St. Lawrence Leadership Institute — June 2018
SUNY Potsdam — Potsdam, NY

Master of Public Administration — May 2015
Binghamton University — Binghamton, NY

Master of Social Work — May 2015
Binghamton University — Binghamton, NY

Bachelor of Science in Psychology — December 2010
Mansfield University — Mansfield, PA

Andrea Smith Recent & Relevant Trainings

Yellowbelt Continuous Improvement

Virtual/In-Person Facilitation

Substance Abuse Prevention Skills Training (SAPST)

Prevention Ethics Course

Connect Suicide Prevention Facilitator

Youth Mental Health First Aid Facilitator

Harm Reduction

Motivational Interviewing for Prevention Professionals

Sector Engagement in Prevention

New England PTTC Prevention Mentorship Program

Advocating vs. Lobbying

Anna Hullinger

[redacted]

EDUCATION

MASTERS IN PUBLIC HEALTH
SOUTHERN NEW HAMPSHIRE UNIVERSITY
COMPLETION 2022

Major: Masters in Public Health (MPH)
Related coursework: Public Health Biology, Population Based Epidemiology, Biostatistics, Healthcare Informatics, Health Policy and Management.

AIR COMMAND AND STAFF COLLEGE: CORRESPONDENCE
AIR UNIVERSITY
COMPLETION 2019

Related coursework: Leadership and Command, National Security, Warfare Studies, Joint Forces, Joint Planning, Joint Air Operations.

MASTERS OF SCIENCE
SOUTHERN NEW HAMPSHIRE UNIVERSITY
COMPLETION 2015

Major: Justice Studies with a concentration in Terrorism and Homeland Security
Related coursework: Terrorism/Strategic Response, Emergency Management, Strategic Management in Public Service, Planning/Tactics: Homeland Security/WMD, Information Security.

BACHELORS OF SCIENCE
GRANITE STATE COLLEGE
COMPLETION 2013

Major: Criminal Justice
Related coursework: Critical Thinking, Managing Conflict, Law, Research Methods, Communications.

WORK EXPERIENCE

UPPER VALLEY PUBLIC HEALTH EMERGENCY PREPAREDNESS COORDINATOR
DARTMOUTH-HITCHCOCK MEDICAL CENTER, LEBANON NH
03/2021 - PRESENT

- Support public health emergency preparedness in the Upper Valley region through community partnerships. Identify and collaborate with community partners about equity, disparities and how public health can assist during non-emergent and emergent situations. Provide direct oversight in clinical operations during health emergencies or major incidents. Includes directing, training and onboarding Medical Reserve Corps personnel, hospital staff and municipalities. Coordinate training, events or exercises as needed with partners and volunteer members. Coordinate seasonal vaccination clinics with community partners both in school and public settings.

FACILITY SECURITY OFFICER/INSIDER THREAT SENIOR OFFICAL
OCEANIT, HONOLULU HI
01/2018 - 10/2018

- FSO/ITSPO for an engineering, aerospace and technology company based in Honolulu, Hawaii. Responsible for physical, personnel and industrial security oversight. Implemented company policy and procedures relating to Defense Security Service (DSS), National Industrial Security Program (NISP). Implemented and updated the emergency preparedness policy and advised in the business continuity

area. Oversight in security clearances and vetting of employees and guests. Created and maintained working relationships with counterintelligence, and federal agencies across the state to include the FBI cybersecurity team. Provided threat briefs and travel warnings for cleared/non-cleared personnel travelling outside of the country.

- Completed the DoD Security Specialist Course, FSO Program Mgmt. for Possessing Facilities, Basic Industrial Security for Government Security Specialist Curriculum, Risk Mgmt. Framework Curriculum, Counterintelligence Awareness Curriculum.

ADJUNCT PROFESSOR
UNIVERSITY OF NEW HAMPSHIRE, DURHAM NH
01/2016 – 05/2016

- Contract adjunct professor teaching social issues at the Thompson School of Applied Sciences. Topics covered throughout the semester were human/civil rights, politics, ethics, religion, violence, and social responsibility. Provided an environment where open discussions could be made and differing point of views could be presented.

SECURITY FORCES
NH AIR NATIONAL GUARD, PEASE NH
08/2007 – 08/2015

- Leads, manages, supervises, and performs security force (SF) activities, including installation, weapon system, and resource security; antiterrorism; law enforcement and investigations; military working dog function; air base defense; armament and equipment; training; pass and registration; information security; and combat arms. In addition, provided support in the Honor Guard, community service, Enlisted Counsel, and training/mentoring new airman. Deployed in support of Operation Enduring Freedom.

TRAINING & COURSES

FEDERAL EMERGENCY MANAGEMENT AGENCY

- IS 100, IS 200, IS 700, IS 800, ICS 300, ICS 400, IS-5A An Introduction to Hazardous Material, IS-3 Radiological Emergency Management, Community Emergency Response Team. FEMA Shelter Operations.

SOUTH CENTRAL PUBLIC HEALTH PARTNERSHIP

- Environmental Public Health Online Course Certificate (48 Hours Total)

STATE OF NEW HAMPSHIRE

- Disaster Behavioral Health Response Team Basic Course (1-Day)
- Crisis Intervention Training (5-Days)

NATIONAL EMERGENCY MEDICAL RESPONDER

- Emergency Medical Responder (60-Hours)

VOLUNTEER WORK

NEW HAMPSHIRE PUBLIC HEALTH ASSOCIATION
VICE-PRESIDENT
2020 – PRESENT

- General and active supervision over the activities and affairs of the Association, subject, however, to the control of the Board. When so acting, shall have all of the powers of, and be subject to all of the restrictions of, the office of the President Presides at all meetings of the Board and the Members and shall take care that all orders and resolutions of the Board and the Members are carried out. Ability to sign, execute, and deliver in the name and on behalf of the Association, all instruments authorized by the Board.

CIVIL AIR PATROL
WING DIVERSITY OFFICER
2019 – PRESENT

- Advise the Wing Commander and staff on the impact on mission effectiveness and recruiting/retention, organizational progress, and actions to promote diversity. Provide strategic

planning and oversight for institutional diversity and inclusion in all areas, including but not limited to programs, personnel, and resources. Work with other members of the Wing Staff to provide strategic communications and public outreach, and to guide recruiting and retention efforts to promote a diverse membership. Assist with developing local partnerships and activities with organizations that share similar missions and attract membership from historically underrepresented populations.

CIVIL AIR PATROL
DIRECTOR OF CADET PROGRAMS
2020 - 2021

- Help local squadrons deliver high-quality squadron programs by training and mentoring local leaders. Visit and interact with national, region and local leadership in helping sponsor cadet programs throughout the year. In addition to supporting squadron cadet programs officer development, additional support is given to financial management including flight budgets, training, and encampment.

CIVIL AIR PATROL
DIRECTOR OF PROFESSIONAL DEVELOPMENT
2012-2017

- Facilitate and instruct regularly scheduled senior member professional development courses throughout the wing. Conduct training in professional development of new members and advise squadrons of onboarding procedures. Coordinate with instructors and subject matter experts in facilitating 12-hour+ courses. Use a mix of classroom, online and hybrid teaching platforms while coordinating with subject matter experts. Mentor and instruct in the areas of professionalism, critical thinking, communication, and organizational skills.

COMMUNITY ORGANIZATIONS & COMMITTEES

TOWN OF DANBURY
BUDGET COMMITTEE

- Vice Chair

VOLUNTEER FIRE DEPARTMENT

- Probationary Member

AMERICAN PUBLIC HEALTH ASSOCIATION
KAISER PERMANENT FELLOWSHIP

- Application reviewer for the KP spring fellowship.

KAISER PERMENENT SCHOLARSHIP

- Application reviewer for graduate scholarships with KP.

AWARDS & DECORATIONS

CIVIL AIR PATROL
2000 - PRESENT

- Gill Robb Wilson Award - Awarded 2020 #3718 - Highest CAP professional development awarded.
- Meritorious Service Award - Awarded 2009 for outstanding achievement or meritorious service rendered specifically on behalf of CAP.

UNITED STATES AIR FORCE
2007 - 2015
MEDALS

- Air Force Achievement Medal, Air Reserve Forces Meritorious Medal w/1 Oaf leaf, National Defense Service Medal, Global War on Terrorism Expeditionary Medal, Global War on Terrorism Service Medal, Nuclear Deterrence Operations Service Medal, Armed Forces Reserve Medal w/Mobilization Award

AWARDS

- Air Force Meritorious Unit Award, Air Force Outstanding Unit Award w/2 Oaf Leafs, Air Force Overseas Ribbon (Short Tour), Air Force Expeditionary Service Ribbon w/Gold Border, Air Force Longevity Service Award, Small Arms Expert Marksmanship Ribbon, NH National Guard Service Ribbon w/1 Oaf Leaf, NH National State Activation Ribbon w/1 Oaf Leaf

Anna Hullinger Recent & Relevant Training:

Mental Health
Disaster Behavioral Response Team Basic Training (8-Hours)
Johns Hopkins Psychological First Aid (6-Hours)
Crisis Intervention Training (5-Day Course)

Emergency Preparedness
Department of Transportation (DOT) HazWaste Manifest Training
Organizations Preparing for Emergency Needs (FEMA)
WMD/Terrorism Awareness for Emergency Responders (8-Hours)

Local Training
Losberger Tent Assembly (Granite State Health Care Coalition)
CDC Introduction to PHEP ORR Reporting and Tracking System Training (3-Hours

Incident Management
eICS Training (Granite State Health Care Coalition)
WebEOC (Department of Safety)
NH Alerts

Basic Life Support
National Emergency Medical Responder (60-Hours In Person)
Basic Life Saver (BLS) – CPR (Pediatric/Adult)

Emergency Management Institute/FEMA/Other:

1. IS 100 Independent Study
2. IS 200 Independent Study
3. IS 700 Independent Study
4. IS 800 Independent Study
5. ICS 300 (3-Day Course)
6. ICS 400 (2-Day Course)
7. Community Emergency Response Team (CERT)
8. IS 00003 Radiological Emergency Management Independent Study
9. IS 00029 Public Information Officer Awareness Independent Study
10. K0419 Shelter Field Guide Training for Local Communities (2-Days)
11. AWR-140 Introduction to Radiological/Nuclear WMD Operations (4-Hours)
12. MGT-418 - Readiness: Training Identification and Preparedness Planning with NCBRT (2-Days)
13. MGT-405 Mobilizing Faith-Based Community Organizations in Preparing for Disaster (1-Day) – Anticipated Completion June 2022

DANIELLE MACKEY

[redacted]

Education

Masters of Public Health

Dartmouth College - Hanover, NH

The Dartmouth Institute for Health Policy & Clinical Practice

Bachelor of Science

University of New England - Biddeford, ME

Major Medical Biology, Minor Nutrition, Minor Health, Medicine and Society

Work History

Young Adult Strategies Coordinator 07/2021 to Current

Dartmouth-Hitchcock Medical Center – Lebanon, NH

- Conducted regional assessments and provided strategy recommendations for providers on mental health and substance misuse within the region's young adult population
- Coordinated and presented Resilience & Thriving trainings, created by the National Wellness Institute, focused on increasing resiliency and positive coping in the young adult population
- Scheduled and managed mental health campaigns to run on local radio stations

Pharmacy Technician 07/2016 to 07/2021

CVS Pharmacy – Derry, NH, Hanover, NH And Biddeford, ME

- Consulted with insurance company representatives to complete claims processing, resolve concerns and reconcile payments while maintaining a high level of customer service
- Communicated with patients to collect information about prescriptions and medical conditions or arrange consultations with pharmacists while maintaining integrity of patient data

Emergency Medical Technician 10/2018 to 07/2020

Kennebunkport EMS – Kennebunkport, ME

- Maintained levelheadedness and efficiency in high-pressure situations, effectively prioritizing tasks to save lives and provide medical care
- Communicated with lucid patients and or bystanders to gather incident and medical history information while maintaining high level of corporation and efficiency with team members

Emergency Medical Technician 02/2018 to 11/2019

Northeast Mobile Health Services – Scarborough, ME

- Communicated with patients about pain, comfort and needs during transportation and preliminary medical care while prepping patients for advanced treatment and care

- Restocked ambulance with proper equipment such as vents, ET tubes, medication and IV pump tubing to maintain optimum inventory

Patient Experience Intern 01/2019 to 05/2019

Maine Medical Center – Portland, ME

- Liaised between medical staff and patient's visitors in order to communicate important medical information while conducting research to support patient education and safety
- Consult and communicate with an interprofessional team of medical professionals in order to develop simplified medication cards for patient use while partnering with various departments

Skills

- Yellow Belt Certified in Continuous Improvement
- Youth Mental Health First AID Certified
- Certified Resilience & Thriving Trainer
- Systematic and Scoping Review research
- Emergency Medical training and CPR training
- Coordination with members on a care team
- Social media expertise
- MS Office suite
- An openness to new ideas
- Complaint resolution

Danielle Mackey Recent & Relevant Trainings

- Yellowbelt certification in Continuous Improvement
- Resilience and Thriving Facilitator Course
- Youth Mental Health First Aid
- Alcohol and COVID-19: Who is Minding the Stores
- What is SPF? An Introduction to SAMHSA'S Strategic Prevention Framework
- Introduction to Substance Abuse Prevention: Understanding the Basics
- Cannabis in the era of Commercialization
- The Strafford County Addiction Task Force & Strafford County Public Health Network

Taralyn Bielaski

[redacted]

EDUCATION

Daemen College
Amherst, NY
Master of Public Health, May 2017

Daemen College
Amherst, NY
Health Care Studies/Complementary and Alternative Health Care Practices
Bachelor of Science, January 2010

WORK EXPERIENCE

Community Health Partnership Coordinator, Dartmouth Health
January 2022- Present

- Drives the development of one or more community partnerships comprised of an array of health care, municipal, education, community service, business, and law enforcement members
- Ensures project related assessment of community needs and assets as assigned
- Coordinates with guidance from senior staff, assessment, capacity development, action planning, implementation, and evaluation of projects by community stakeholders and organizations
- Supports the implementation of indicators to track progress of regional strategic wellness plans toward goals.
- Provides support and technical assistance to community partners to achieve the goals and objectives for which their organization are responsible
- Assists with and independently conducts evaluation to track progress and improve the quality of future work

Greater Sullivan County Public Health Advisory Council Coordinator, New London Hospital/Dartmouth Health
January 2021- Present

- This role is a subcontracted role from Dartmouth Health until January 2022
  - Increase capacity in Greater Sullivan County in accordance with the public health priorities set forth in Community Health Improvement Pan for the Greater Sullivan County Public Health Network
  - COVID-19 Vaccination Distribution
    - Assist the Emergency Preparedness Coordinator in scheduling and facilitating community clinics
    - Understand the Vaccine Administration Management System (VAMS)
    - Understand the Vaccine & Immunization Network Interface (VINI)
    - Creation and distribution of marketing materials for community pop-up clinics
    - Vaccinator Assistant role at many clinics
    - Technical support at all Greater Sullivan County Clinics
    - Assist the Upper Valley Public Health Network when needed
  - Sustain a regional Public Health Advisory Council (PHAC)
  - Coordinate and facilitate bi-monthly meeting with community partners to disseminate current public health information, ensuring meeting minutes are available to public upon request
  - Coordinate and facilitate bi-monthly meetings with the leadership team
  - Disseminate public health information to community partners via different channels, electronic newsletter, direct email, social media
  - Maintain the work plan set by the State of New Hampshire and Dartmouth Health Team

Greater Sullivan Strong Lead, New London Hospital/Dartmouth Health
Lead: January 2021- March 2022

- This role is a subcontracted role from Dartmouth-Health as part of the GSCPHN work
  - Coordinate and maintain Greater Sullivan Strong, the Emergency Response Coalition for Greater Sullivan County
  - Coordinate and facilitate the Funding Steering Committee for the COVID-19 Community Relief Fund
  - Disseminate public health information, specifically regarding the COVID-19 virus to the Greater Sullivan County community
  - Liaison between the Greater Sullivan County Public Health Network and the Greater Sullivan County communities and partner organizations; representing NLH at community meetings, public forums and events as needed
  - Finance Committee Chair: January 2021
  - Coordinate and facilitate the Funding Steering Committee for the COVID-19 Community Relief Fund
  - Communicate with partners the COVID-19 Community Relief Fund, including availability of funds

- Request & secure additional funds to support the COVID-19 Community Relief Fund

Finance Committee Chair: January 2021- Present

- Facilitate funding steering committee meetings
- Facilitate funds distribution upon approval of request

Communications Chair: April 2021- Present

- Develop and maintain the Greater Sullivan Strong website: www.GreaterSullivanStrong.org

Coalition Member: April 2021- Present

- Assist with the Maintaining Older Adult subcommittee
- Assist with the Food Access subcommittee

Wellness & Population Health Coordinator, New London Hospital
October 2019- January 2022

- Develop and implement the pilot year of a food access program, the Mobile Farm Stand
- Prevent T2 Diabetes Prevention Program Lifestyle Coach and program coordinator
- Assist in the development, implementation and coordination of internal and external Wellness and Population Health initiatives.
- Responsible for the administration of the Employee beBetter Wellness Portal
- Responsible for the higi Health Station marketing, utilization reporting and event planning
- Responsible for tracking and reporting on Advance Care Planning
- Develops, distributes and posts internal marketing materials for employee wellness programming
- Works in collaboration with the marketing and community relations department to develop marketing materials and advertise for external events and programming
- Coordinates and manages community-based wellness and health programming in conjunction with both internal and external presenters and community partners
- Assists with community event planning and coordination such as expos, conferences and fundraisers
- Assists individuals in connecting with the appropriate resources and health programming
- Assists in monitoring and reporting on metrics related to the Community Health Implementation Plan
- Assists in data collection for the annual Community Benefits report and Community Health Needs Assessment
- Assists in the development of the Community Health Improvement Plant for NLH
- Liaison between the hospital and the Lake Sunapee Region communities; representing NLH at community meetings, public forums and events as needed
- Sit on the Dartmouth Health Health Wellness Committee
  - o Assist with the system wide virtual wellness week for 2021

Smoking Cessation Health Educator, Concord Hospital
October 2018- March 2020

- Serves as a member of the team with the overall intent to stay current with community tobacco cessation needs.
- Supports members of the community with smoking cessation efforts using current evidence-based methods: American Lung Association Freedom From Smoking Program.
- Facilitates smoking cessation classes in the Concord, NH region.

Staff Assistant, Concord Hospital, Center for Health Promotion
October 2018- October 2019

- Responsible for all aspects of Center for Health Promotion front desk activities and basic office maintenance to include: greeting clients and visitors both in person and on the phone, class scheduling, registrations, fee collections, room set-up, supply inventory and ordering, data maintenance and educator contracts.
- Serve as the department expert in programs and registration.
- Provide support for the educators: prepare materials, prepare classrooms, develop marketing materials for the classes

Patient Care Coordinator, The Family Health Center, Concord Hospital
April 2018- October 2018

- The primary access point for patients.
- Responsible for a variety of clerical and data management functions in support of: patient registration, referral coordination, phone management.
- Served as the PCC representative for the FHC Communication Committee.

Esthetics Educator, The Salon Professional Academy
May 2011- May 2017

- Educate adult students on the theory portion of esthetics to pass the New York State board examination
- Educate adult students on the practical portion of esthetics to pass the New York State board examination
- Make-up Designory Certified Advanced Educator, Beauty Essentials, Airbrush and Bridal Makeup Courses
- E'Lan Eyelash Extension Educator
- Reception: Schedule appointments, check guests in/out

- Manage inventory: Makeup Designory, Keyano Aromatics, and Dermalogica

Massage Therapist/Esthetician/Spa Coordinator, Excuria Salon and Spa
August 2005- September 2017

- Proficient in the following Massage Techniques: Swedish, deep tissue, aromatherapy, reiki, massage cupping
- Proficient in the following Esthetic Services: facials, waxing, Brazilian waxing, Borboleta eyelash extensions, microdermabrasion and chemical peels
- Retail sales: met and maintained retail goals
- Maintain a strong client base, as a result of providing superior customer service to clients in order to meet their individual body, skin and wellness needs
- Ensure that the Spa is in exceptional condition in order to provide a superior experience for each guest
- Assist co-workers with the preparation of their clients for their services in order to maintain the expected customer service standards of the Spa
- Promote the services of the Spa in order to identify new potential clients

ACADEMIC WORK EXPERIENCE

Assistant Program Coordinator, The DREAMS Project, Rakai Health Science Program
Rakai, Uganda
May 2016- August 2016, Graduate Student Practicum

- Assess and evaluate the implementation of DREAMS project
- HIV prevention/sexual health education
- Youth and adolescent health/empowerment
- Domestic violence prevention with SASA!
- Program development & logistics coordination

HIV/AIDS Clinic, Rakai Health Science Program
Rakai, Uganda
May 2016- August 2016, Graduate Student Practicum

- Created and administered a survey to mothers and staff members
- Analyzed responses and provided data to program director

Assistant Project Coordinator, Community Service Alliance
Dominican Republic
September 2007- January 2008, Undergraduate academic service learning

- Assisted in the development and implementation of HIV prevention and sexual health program for youth facilitators
- Train and supervise youth facilitators on program implementation

Additional Education/Certificate Programs

National Diabetes Prevention Lifestyle Coach
Solera Health, Virtual Class
April 2021
Tobacco Treatment Specialist Training
Roswell Park Cancer Institute, Buffalo NY
January 2020
Real Balance Wellness Coach
Maine Health, Maine
March 2018

COMMUNITY SERVICE

LoveFest Committee Member (2015), Massage-A-Thon, Car Cruise (Town Boys & Girls Club), Locks of Love, Ride for Roswell, Starry Night, Gotta Kiss Cancer Goodbye, WNYHeroes

Taralyn Bielaski Recent & Relevant Training:

2007: Survey of Statistics

2008: Intro to Epidemiology
- Health Promotion and Education
- Medical Ethics

2009: Community Health Education and Disease Prevention

2015: Public Health Biostatistics
- Public Health Nutrition
- Public Health Policy, Administration & Management

2016: Research methods in Health Promotion
- Community Health Education- Implementation and Evaluation of programs
- Community Health: Advocacy/Consult

2017: Community Health Education

2020: An Educator's Guide to Teaching over Zoom
- Six Elements of Effective Coalition Series

2021: VINI training
- Enhancing Virtual Facilitation and Teaching
- VAMS training
- Facilitating Successful Hybrid Meetings
- New England Public Health Conference

2022: YellowBelt Certification
- Juvare Training
- WebEOC Training
- Project Management WorkGroup, the 4DX of Discipline
- New Futures, Advocacy Essentials
- GSHCC Conference

DERYN SMITH

[redacted] [redacted]

EDUCATION

Bachelor of Science in Business Administration, University of New Hampshire — Graduated May, 2018
Peter T. Paul College of Business and Economics- Concentration in Management
Minors in Health Management and Policy, and Public Health

Masters of Public Health, Southern New Hampshire University — Graduated January, 2022

EXPERIENCE

Dartmouth Hitchcock Medical Center Substance Misuse Prevention Coordinator — Present

- Promotes evidence based approaches to programs, policies, and services to ensure accurate and effective prevention initiatives are being used towards youth substance misuse prevention initiatives.
- Works with local coalitions, community partners, and other prevention staff to collaborate on initiatives that execute the goals of the substance misuse prevention annual workplan.
- Conducting stakeholder interviews to ensure that substance misuse prevention is an ongoing conversation within the community, and that we are adequately assessing the specific needs of the community.
- Continuously works on increasing knowledge about prevention education, professional development skills, and relationship building skills to ensure the improvement of my expertise in the public health field.

American Cancer Society *Senior Development Manager* — July 2018- June 2021

- Executed a portfolio of community-based events, with accountability for significant income targets, as well as event-related mission and advocacy activities.
- Managed programs and initiatives within communities to improve overall population health, provide cancer prevention education and training, and coached volunteers to take action towards their communities health.
- Built relationships with internal and external stakeholders to assure mutually beneficial partnerships to increase philanthropy, event participation, community engagement, and exposure.
- Worked with community partners to implement public health initiatives, and connect them to the ACS mission.

Lamprey Healthcare Program Assistant — October 2016- July 2018

- Planned health education programs in support of Southern NH AHEC activities.
- Coordinated post conference support activities including evaluations, certificates, and continuing education.
- Provided programming support to the Seacoast Public Health Network on substance misuse, prevention, and treatment initiatives.
- Updated documents required for Department of Education Licensing.
- Assisted in organizing, editing, and submitting a state funded grant about climate change.

American Lung Association Administrative Intern — October 2016- May 2018

- Acted as a liaison with businesses across New England to promote events, and recruit cyclists and volunteers.
- Engaged in event promotion activities and developed a donor base for the organization.
- Conducted event planning with the development team.

Campus Recreation Event Supervisor Coordinator, Lifeguard, Swim Instructor — Jan 2015- May 2018

- Trained and managed Event Supervisors and lifeguards, facilitated large pool events, and maintained facility.
- Taught children of all ages how to swim, gain confidence, and try new things.

SKILLS

- Excellent business etiquette, time management, organization, patience, prioritization, dependability, networking, and communication skills.
- Working as a team, but also acting as a leader when the opportunity arises.
- Microsoft Office, Social Media, Sales Force.
- Participated in the NHPHA Rising Stars Mentorship Program, and the PTTC Mentor Program

Deryn Smith Recent & Relevant Training:

Ethics in Prevention Foundations: A Guide for Substance Abuse Prevention Practitioners
Empowerment Through Involvement: Putting Sectors to Work
Community Resiliency
How Evaluation Drives Results
Conducting Focus Groups: Sharpening the Community Picture
Drug-Impaired Driving: Science, Policy and Practice
Marijuana 101: Potency, Policy & Pitfalls
Substance Use Prevention Strategies in Schools During a Pandemic
Substance Use Prevention and Mental Health Promotion – Coalitions Working at the Intersect
Authentic Youth Engagement: Beyond Adultism and Tokenism
Effects of Opioid Use on the Human Brain
Human Trafficking Training for SUD Professionals
NH Listens: Basic Facilitator Training
Pathways and Perspectives on Stimulant Uses Recovery
Public Health and Safety Teams (PHAST) Webinar:
Understanding the Connection
A Dialogue about Poverty in America
Suicide Among Hispanics in the US
Facilitating Successful Hybrid Meetings (CHTI)
Suicide in Later Life Panel Discussion
Substance Abuse Prevention Skills Training
Building Trust for Decision Making
Marketing to Teens During a Pandemic
Alcohol and COVID-19: Who is Minding the Stores?
Research Into Action: Working With Schools to Prevent Youth Substance Use
Meeting the Moment
Yellowbelt Training
Prevention CoP: Recovering Together Café
Marijuana Prevention Plus Wellness
New Futures Advocacy Trainings
Community Wide Prevention Programming: The Role if Law Enforcement
Youth Lifestyle Behaviors & Mental Health
Cultural Responsiveness, Anti-Racism, and Equity (CARE) Best Practices in School Mental Health - Screening
Cannabis in the Era of Commercialization
Vaping Unveiled
CADCA Academy

LAUREN E. CHAMBERS

[redacted] [redacted]

EDUCATION

Boston University School of Public Health **January 2013**
Masters in Public Health

University of New Hampshire **May 2011**
Bachelor of Science in Nutrition & Wellness; Minor in Public Health

EXPERIENCE

Certified Prevention Specialist **February 2022**

Community Health Partnership Coordinator **July 2020 - Present**
Dartmouth Health, Population Health

- Coordinates multi-stakeholder community partnerships to plan and implement community health initiatives specific to the continuum of care for substance use disorder (SUD) for two large Regional Public Health Networks.
- Convenes community partners to assess assets & gaps in regional care systems, improve coordination of care between providers, plan and develop new or enhanced approaches supporting SUD prevention, intervention, harm reduction, treatment, and recovery.
- Develops strategic plans and lead capacity building strategies across 28 towns and all 12 community sectors.
- Provides technical and administrative support to community partners to achieve their SUD related goals and objectives.

Regional Opioid Abuse Prevention Coordinator **Oct 2016 - June 2020**
City of Medford, Mystic Valley Public Health Coalition

- Responsible for daily operation of regional coalition consisting of seven cities and towns, and representing those communities on task forces, committees, and in meetings.
- Serve as a resource and support for evidence-based substance use prevention and harm reduction practices.
- Apply the Strategic Prevention Framework to assess community needs, build capacity, create and implement strategic plans, and conduct process and outcome evaluations.
- Engage and collaborate with diverse stakeholders to make impactful policy and practice change to reduce negative health outcomes.
- Create, design, and disseminate materials, guides, and toolkits.
- Develop and manage annual grant budget, including internal financial processes.
- Collect, analyze, and maintain datasets, and prepare presentations and reports as needed.
- Plan and facilitate meetings, trainings, and regional events.
- Complete quarterly reports to Dept. of Public Health on grant deliverables.
- Maintain coalition website and social media.
- Contribute to grant writing and editing.
- Supervise volunteers and interns.

Coalition Coordinator **Feb 2013—Oct 2016**
Melrose Substance Abuse Prevention Coalition

- Managed and implemented strategies for multiple federal and state awarded grants.
- Facilitated school faculty/staff trainings on youth substance use trends, evidence-based prevention strategies, and resources available.
- Oversaw coalition's annual grant budget.
- Facilitated monthly coalition meetings of 15-20 members.
- Represented the coalition in local and regional substance use prevention efforts.
- Analyzed and disseminated local youth risk behavior survey data to schools and community.
- Assisted in design and implementation of various school and community-wide initiatives.
- Researched and wrote for state and federal grant opportunities.
- Completed quarterly online grant progress reporting.
- Attended local and national trainings to stay current on trends, policies, and best practices in substance abuse prevention.

Administrative Assistant *(interim)* **Oct 2012—Jan 2013**
Women's Health Unit, Boston University/Boston Medical Center

- Coordinated schedule and travel logistics for Director of high volume women's health research center.
- Supervised reimbursement process in accordance with multiple protocols.
- Prioritized time to support grant and collaborator projects while responding to phone and email inquiries.
- Created and updated Biosketch's, CV's, other documents and forms.

Volunteer **Sept 2012—Jan 2013**
bWell Center, Boston Medical Center Department of Pediatrics

- Engaged parents from underserved populations to provide wellness and health promotion materials and answer questions that help improve their child's health.
- Acted as liaison between parents and several hospital and community-based support services to coordinate resources and provide referrals.
- Improved morale by conducting hourly educational and physical activities with children to help them remain positive during long clinic visits.

Masters in Public Health Internship **May—Aug 2012**
Start Strong Initiative, Boston Public Health Commission

- Collaborated as part of a team to plan, organize, and facilitate summer enrichment programing for twenty high school Start Strong peer leaders.
- Developed outreach materials and events targeting Boston youth on healthy relationships and dating violence prevention.
- Developed and facilitated curriculum module used nationally at Youth Virtual Conference.
- Co-planned, organized, and facilitated third annual "Break Up Summit" attended by over 150 teens from 15 community organizations.

OTHER SKILLS

- Substance Abuse Prevention Skills Training
- Microsoft Office, WordPress, SurveyMonkey, Piktochart, social networks
- Experience working for local government and non-profit organizations
- Experience in multiple customer service oriented roles
- Grant writing & editing

Lauren Chambers Recent & Relevant Trainings

Masters in Public Health (2013)

Concentration in Social and Behavioral Sciences

Certified Prevention Specialist (2/2022)

Ethics in Prevention: A Guide for Substance Abuse Prevention Practitioners (9/25/2020)

Introduction of Substance Abuse Prevention (3/26/207)

Substance Abuse Prevention Skills Training (SAPST) (3/28 – 3/31/2017)

Mental Health First Aid (3/16/2020)

A Pragmatic Approach to Evaluating Prevention Efforts and Communicating Findings (3/14/2019)

Connect Suicide Prevention – Facilitator training

Cultural Competence to Reduce Behavioral Health Disparities (6/6/2017)

Strategic Planning and Project Oversight (6/5/2018)

Advanced Prevention: Assessment, Capacity Building, Planning, and Evaluation (6/6/2018)

Neurobiology of Addiction (6/9/2016)

Essential Facilitation (3/21 – 3/23/2017)

Resilience & Thriving Facilitator Course (8/20/2021)

STEPHEN BELMONT

[redacted]

My career objectives include providing the highest quality customer service for those I serve, managing and leading in the field and improving protocols, processes and quality standards with regards to public health. My personal interests include leadership in both operational and nonoperational tasks. My passion is to help those in need, in whatever way I can. I am highly energetic and motivated to succeed.

EXPERIENCE

DECEMBER 2020- PRESENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS COORDINATOR- GREATER SULLIVAN COUNTY, DARTMOUTH HITCHCOCK MEDICAL CENTER

COORDINATE, STAFF AND OVERSEE COVID-19 VACCINATION AND FLU VACCINATION CLINICS IN THE COMMUNITY. UPDATE COMMUNITY PARTNERS ON VARIOUS HEALTH RELATED ISSUES IN THE REGION AND STATE. PROVIDE WRITTEN AS WELL AS VERBAL REPORTS TO MANAGER. CREATE AND EXECUTE YEARLY WORK PLAN. OVERSEE, COORDINATE AND TRAIN COUNTY MEDICAL RESEVRE CORP MEMBERS.

JULY 2018- DECEMBER 2020

PARAMEDIC-ADMINISTRATOR, SOUTH ROYALTON RESCUE SQUAD

RESPOND TO 911 MEDICAL EMERGENCIES. REVIEW APPLICANTS, SCHEDULE AND CONDUCT INTERVIEWS, HIRE STAFF TO FILL AGENCY STAFFING NEEDS. OVERSEE DAILY AGENCY OPERATIONS. MANAGE AGENCY OF TWENTY PARAMEDICS, ADVANCED EMTS AND EMTS. FORMUALTE AND OPERATE WITHIN YEARLY BUDGET. EDIT OR ADD TO AGENCY HAND BOOK AND SUGGESTED OPPERATING PROCEDURES. CREATE AND DELIVER MONTHLY TRAININGS. PERFORM CQI/CQA OF ALL REPORTS. RESPOND TO INQUIRIES FROM GENERAL PUBLIC. OPERATE AS SCENE COMMAND WHILE ON MEDICAL SCENES. ENSURE THAT AMBULANCE IS PROPERLY STAFFED AT ALL TIMES. PERFORM DAILY AMBULANCE CHECKS AND STATION DUTIES. SCHEUDLE AMBULANCE MAINTENCE. ATTEND AND GIVE REPORT DURING MONTHLY BOARD MEETINGS. ATTEND QUARTLY DISTRICT MEETINGS. PARTICIPATE IN FUNDRAISING ACTIVITIES.

APRIL 2015 – DECEMBER 2018

PARAMEDIC - CAPTAIN, TOWN OF LANCASTER, FIRE DEPT.

RESPOND TO 911 MEDICAL EMERGENCIES. PROVIDE ALS CARE DURING PARAMEDIC INTERFACILITY TRANSPORTS. PREFORM AND OVERSEE DAILY AMBULANCE CHECKS AND STATION DUTIES. STAFF SUPERVISORS PHONE, RESPONDING TO HOSPITAL REQUESTS FOR TRANSFERS. STAFF TRANSFERS WITH APPROPRIATE LEVEL CARE PROVIDERS.

APRIL 2015 – JULY 2018

PARAMEDIC – INFECTION CONTROL OFFICER, 45TH PARALLEL EMS

RESPOND TO 911 MEDICAL EMERGENCIES. PROVIDE ALS CARE DURING PARAMEDIC INTERFACILITY TRANSPORTS. PERFORM DAILY AMBULANCE CHECKS AND STATION DUTEIS.

INFECTION CONTROL OFFICER. EDUCATOR/EDUCATION COMMITTEE MEMBER. SAFETY COMMITTEE MEMBER. PIFT REVIEW BOARD.

JANUARY 2015 – APRIL 2015

PARAMEDIC – SHIFT SUPERVISOR, AMERIACN AMBULANCE

RESPOND TO 911 MEDICAL EMERGENCIES. PROVIDE PARAMEDIC INTERFACILITY TRANSPORTS. PERFORM AND OVERSEE DAILY AMBULANCE CHECKS AND STATION DUTIES. HELP ESTABLISH AND MAINTAIN CAAS STANDARDS. PERFORM REGULAR RADIO CHECKS AND MAINTENCE.

EDUCATION

01/2018

CRITICAL CARE TRANSPORT REVIEW, DISTANCE CME

LIVE ONLINE COURSE PREPARING STUDENTS TO SIT FOR CRITICAL CARE TRANSPORT EXAMS. COURSE CONSISTED OF THIRTY CLASSES DIVIDED INTO TWO HOUR BLOCKS WITH TESTING.

01/2015

CERTIFICATE IN PARAMEDICINE, NEW ENGLAND EMS INSTITUTE

18 MONTH COURSE CONSISTING OF BOTH THEORY AND CLINICAL HOURS AND CONCLUDING WITH NATIONAL TESTING AND CERTIFICATION. MAINTAINED GREATER THAN 94 AVERAGE.

05/2011

BACHELOR OF ARTS IN CRIMINAL JUSTICE, SAINT ANSELM COLLEGE

FOUR YEAR LIBERAL ARTS DEGREE INCLUDING A SIX-MONTH INTERNSHIP WITH THE MASSACHUSETTS STATE POLICE – ARSON INVESTIGATION UNIT.

SKILLS

- Well-spoken and well written
- Attention to detail and follow through
- Interpersonal and relationship-building skills
- Technology/ Basic Computer skills
- Problem solving
- Communication

ACTIVITIES

I am passionate about providing, training and modeling exceptional public service to all coworkers, employees and the local communities. I provide leadership as the Administrator of South Royalton Rescue Squad and enjoy working closely with administration for oversight of recruitment, orientation, training and supervision of all employees. I enjoy participating in and overseeing day to day operations and being involved with strategic planning. As co-training officer and direct educator, I demonstrate a good grasp of knowledge and principles in my field. I am able to provide informative and accurate feedback and updates to ensure organizational growth and cohesiveness. I am known for my excellent communication and people skills, as well as my warm and friendly professional attitude.

Stephen Belmont Recent & Relevant Training:

- FEMA Incident Command Systems (ICS)
  - ICS 100
  - ICS 200
  - ICS 700
  - ICS 800

- Advanced Cardiac Life Support Certification (ACLS
- Pediatric Advanced Life Support Certification (PALS)
- Basic Life Support for Health Care Providers
- October 2019 VT EMS District 8 MCI Training for EMS providers –Coordinator
- July 2020 MCI training for Town of South Royalton- facilitated by Two Rivers- Ottauquechee Regional Commission
- 2021 New England Public Health Conference- hosted by Saint Anselm College
- 2022 GSHCC Public Health Conference
- Paramedic Certificate Program
  - Patient Assessment
  - Scene assessment and safety
  - Incident Command
  - Communications
- American Red Cross Shelter Operations
- WebEOC training – Hosted by State of NH
- eICS training – Hosted by GSHCC
- 2019 Unified Command Class Hosted by Vermont Emergency Management
- 2019 Vermont Alert Manager Training
- 2019 How to Communicate with Tact, Professionalism and Diplomacy – seminar
- Yellowbelt Continuous Improvement Certification

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Program Staff List

New Hampshire Department of Health and Human Services

COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR

Proposal Agency Name: Mary Hitchcock Memorial Hospital (dba Dartmouth-Hitchcock)
Program: Regional Public Health Network Services (Upper Valley & Greater Sullivan County Regions)
Budget Period: 07/01/2022 - 06/30/2023

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week dedicated to this program	Amnt Funded by this program for Budget Period	Total Salary for Budget Period	% of Salary Funded by this program	Site*
Example:							
Program Coordinator	Sandra Smith	$21.00	40	$13,680	$43,680	31%	
Administrative Salaries							
UV PHEP Coordinator	Anna Hullinger	$31.83	40	$66,200	$66,200	100%	
UV SMP Coordinator	Andrea Smith	$27.28	36	$51,077	$56,752	90%	
CoC Coordinator	Lauren Chambers	$27.24	40	$56,666	$56,666	100%	
YAS Coordinator	Danielle Mackey	$24.04	10	$12,500	$50,000	25%	
GSC PHEP Coordinator	Stephen Belmont	$30.31	40	$63,051	$63,051	100%	
GSC PHAC Coordinator	Taralyn Bielaski	$27.24	6	$8,500	$56,666	15%	
GSC SMP Coordinator	Deryn Smith	$26.26	40	$54,611	$54,611	100%	
Total Admin. Salaries				$312,605	$403,946	77%	
Direct Service Salaries							
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
						#DIV/0!	
Total Direct Salaries				$0	$0	#DIV/0!	
Total Salaries by Program				$312,604.70	$403,946.00	77%	

Please note, any forms downloaded from the DHHS website will NOT calculate. Forms will be sent electronically via e-mail to all programs submitting a Letter of Intent by the due date.
*Please list which site(s) each staff member works at, if your agency has multiple sites.

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41

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**

***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021

CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022

CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** **3/31/2021**

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** 5/17/2021

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 FAIN #TI83326A **Award Date:** 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — Award Date: 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-0X)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mary Hitchcock Memorial Hospital		1.4 Contractor Address 1 Medical Center Dr, Lebanon, NH 03766	
1.5 Contractor Phone Number (603) 650-5000	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $1,541,542
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Edward Merrens Date: 6/7/2022		1.12 Name and Title of Contractor Signatory Edward Merrens Chief Clinical Officer	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/7/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 6/8/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials: DS EM
Date: 6/7/2022

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.

DS
EM
Contractor Initials

Date 6/7/2022

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 omissions of the

Contractor Initials EM

Date 6/7/2022

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.

Contractor Initials DS EM

Date 6/7/2022

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Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 7, Personnel, is amended by modifying subparagraphs 7.1 and 7.2 to read:

7.1. The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor certifies 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's personnel involved in this project, 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.

1.3. Paragraph 9, Termination, is amended by add subparagraph 9.1(a) to read:

9.1(a) The Contractor may terminate the Agreement by providing the State with thirty (30) days advance written notice if the State fails to pay the undisputed amount of any expense report submitted by Contractor pursuant to Exhibit C within thirty (30) days after the date of the report; however, upon receipt of such notification the State has an additional twenty (20) days to make payment of undisputed amounts to avoid termination.

1.4. Paragraph 9, Termination, is amended by modifying subparagraph 9.2 to read:

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 thirty (30) 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 thirty (30) days of notice of early termination, develop and submit to the State a Transition Plan for services under the Agreement.

1.5. 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.

1.6. Paragraph 14, Insurance, is amended by modifying subsection 14.1.2. to delete the text in its entirety and replace it to read:

14.1.2. Professional liability insurance in the amount of $1,000,000 per occurrence and $3,000,000 per annual aggregate.

1.7. Paragraph 14, Insurance, is amended by modifying subparagraph 14.2 to read:

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 or registered to conduct business in the State of New Hampshire.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Greater Sullivan and Upper Valley regions, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) for the Upper Valley region to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

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1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

Contractor Initials DS EM
Date 6/7/2022

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communicati on, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvement s.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number of

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information ~~not~~ be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. <u>Public Health Advisory Council</u>

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. <u>Public Health Emergency Preparedness</u>

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.14.1.2.2. Complete a technical assistance needs assessment.

1.2.14.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.14.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.14.1.3.1. Attend community of practice meetings and/or activities.

1.2.14.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.14.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.14.1.3.4. Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

1.4.5. The Contractor shall participate in meetings with the Department on a monthly basis, or as otherwise requested by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the

Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 93% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
   1.2. 7% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred,in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-4 SFY 24 Budget.
4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the twentieth (20th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

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4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

4.3. Identifies and requests payment for allowable costs incurred in the previous month.

4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual single audit performed by an independent Certified Public Accountant (CPA) to the Department within 30 days after the completion of the single audit or upon submission of the Contractor's single audit to the Federal Audit Clearinghouse 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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
Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *RPHN-Upper Valley*
Budget Period *SFY24 (7/1/22-6/30/23)*
Indirect Cost Rate (If applicable) 15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$12,909	$8,275	$35,086	$5,296	$107,410	$8,247	$4,634	$1
2. Fringe Benefits	$4,105	$2,631	$11,157	$1,684	$34,156	$1,985	$1,474	$1
3. Consultants	$5,098	$1	$1	$1	$7,500	$1	$3,870	$1
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$1	$1	$1	$1	$1	$1	$1	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1	$1	$1
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$1	$1	$1	$1	$1	$13,403	$1	$1
5.(e) Supplies Office	$1	$1	$1	$1	$1	$1	$1	$1
6. Travel	$1,170	$1	$283	$1	$10,816	$1	$1	$1
7. Software	$1	$1	$1	$1	$1,788	$1	$1	$1
8. (a) Other - Marketing/Communications	$1	$2,183	$1	$1	$9,007	$1	$1	$1
8. (b) Other - Education and Training	$1	$1	$900	$1	$2,150	$1	$1	$1
8. (c) Other - Other (specify below)								
Other (MRC member liability insurance reimbursement)	$0	$0	$0	$1,666	$0	$0	$0	$0
Other (SPPFA - Leptop and peripherals	$0	$0	$0	$0	$3,000	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$20,000	$12,875	$1	$1	$1	$1	$3,000	$12,975
Total Direct Costs	$43,290	$25,973	$47,435	$8,657	$175,833	$21,645	$12,987	$12,987
Total Indirect Costs	$6,710	$4,027	$7,352	$1,343	$27,254	$3,355	$2,013	$2,013
Subtotals	$50,000	$30,000	$54,787	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$402,874

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Contractor Initials
6/7/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *RPHN-Upper Valley*
Budget Period *SFY24 (7/1/23-6/30/24)*
Indirect Cost Rate (if applicable) 15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$13,296	$8,523	$35,797	$5,455	$110,633	$4,774
2. Fringe Benefits	$4,228	$2,710	$11,382	$1,734	$35,181	$1,519
3. Consultants	$6,601	$1	$1	$1	$6,500	$3,685
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$1	$1	$1	$1	$1,500	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$1	$1	$1	$1	$1	$1
5.(e) Supplies Office	$1	$1	$1	$1	$1	$1
6. Travel	$1,170	$1	$245	$1	$10,575	$1
7. Software	$1	$1	$1	$1	$1,788	$1
8. (a) Other - Marketing/Communications	$1	$2,248	$1	$1	$8,500	$1
8. (b) Other - Education and Training	$1	$1	$1	$1	$1,150	$1
8. (c) Other - Other (specify below)						
Other (MRC member liability insurance reimbursement)	$0	$0	$0	$1,458	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$20,000	$12,540	$1	$1	$1	$3,000
Total Direct Costs	$45,303	$26,030	$47,434	$8,658	$175,832	$12,987
Total Indirect Costs	$4,697	$3,970	$7,353	$1,342	$27,255	$2,013
Subtotals	$50,000	$30,000	$54,787	$10,000	$203,087	$15,000
TOTAL						$362,874

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Contractor Initials
6/7/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *RPHN-Greater Sullivan County*
Budget Period *SFY23 (7/1/22-6/30/23)*
Indirect Cost Rate (If applicable) 15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics
1. Salary & Wages	$8,197	$11,022	$40,983	$5,359	$110,944	$8,351	$5,990
2. Fringe Benefits	$2,607	$3,505	$13,033	$1,704	$35,280	$2,888	$1,905
3. Consultants	$6,500	$1	$1	$1	$6,500	$1	$1,747
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0	$1
5.(a) Supplies - Educational	$1	$1	$1	$1	$1,500	$1	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1	$1
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$1,500	$1	$1	$1	$1	$5,900	$1
5.(e) Supplies Office	$1,000	$655	$1	$1	$500	$1	$1
6. Travel	$1,480	$784	$702	$339	$5,595	$598	$338
7. Software	$1	$1	$1	$1	$1	$1	$1
8. (a) Other - Marketing/Communications	$1	$1	$1	$1	$12,259	$5,900	$1
8. (b) Other - Education and Training	$1	$1,000	$1,000	$1	$3,250	$1	$1
8. (c) Other - Other (specify below)							
Other (Office space rental and utilities)	$0	$9,000	$0	$0	$0	$0	$0
*Other (Food for vaccination clinics (*Non-federal portion of funding)*	$0	$0	$2,551	$0	$0	$0	$0
Other (MRC member liability insurance reimbursement)	$0	$0	$0	$1,245	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$22,000	$1	$1	$1	$1	$1	$3,000
Total Direct Costs	$43,290	$25,974	$58,276	$8,657	$175,833	$21,645	$12,987
Total Indirect Costs	$6,710	$4,026	$9,032	$1,343	$27,254	$3,355	$2,013
Subtotals	$50,000	$30,000	$67,310	$10,000	$203,087	$25,000	$15,000
						TOTAL	$ 400,397

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Contractor Initials
6/7/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *RPHN-Greater Sullivan County*
Budget Period: *SFY24 (7/1/23-6/30/24)*
Indirect Cost Rate (If applicable) 15.50%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$8,443	$11,352	$42,213	$5,520	$114,272	$5,990
2. Fringe Benefits	$2,685	$3,610	$13,424	$1,755	$36,338	$1,905
3. Consultants	$6,500	$1	$1	$1	$5,000	$1,747
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$1	$1	$1	$1	$1,500	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$1
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$1
5.(d) Supplies - Medical	$5,500	$1	$1	$1	$1	$1
5.(e) Supplies Office	$1,000	$653	$1	$1	$500	$1
6. Travel	$1,438	$351	$346	$128	$5,255	$336
7. Software	$1	$1	$1	$1	$1	$1
8. (a) Other - Marketing/Communications	$1	$1	$1	$1	$10,382	$1
8. (b) Other - Education and Training	$1	$1,000	$700	$1	$2,600	$1
8. (c) Other - Other (specify below)						
Other (Office space rental and utilities)	$0	$9,000	$0	$0	$0	$0
Other (Food for vaccination clinics (Non-federal portion of funding)	$0	$0	$1,585	$0	$0	$0
Other (MRC member liability insurance reimburseme	$0	$0	$0	$1,245	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$20,000	$1	$1	$1	$1	$3,000
Total Direct Costs	$45,571	$25,974	$58,277	$8,658	$175,832	$12,987
Total Indirect Costs	$4,429	$4,026	$9,033	$1,342	$27,255	$2,013
Subtotals	$50,000	$30,000	$67,310	$10,000	$203,087	$15,000
TOTAL						$375,397

DS
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Contractor Initials
6/7/2022
Date

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

Vendor Initials EM
Date 6/7/2022

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: Dartmouth-Hitchcock

DocuSigned by:
Edward Merrens
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6/7/2022
Date

Name: Edward Merrens
Title: Chief Clinical Officer

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Dartmouth-Hitchcock

6/7/2022
Date

DocuSigned by:
Edward Merrens
Name: Edward Merrens
Title: Chief Clinical Officer

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6/7/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Dartmouth-Hitchcock

6/7/2022
Date

DocuSigned by:
Edward Merrens
Name: Edward Merrens
Title: Chief Clinical Officer

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Contractor Initials
6/7/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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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: Dartmouth-Hitchcock

6/7/2022
Date

DocuSigned by:
Edward Merrens
Name: Edward Merrens
Title: Chief Clinical Officer

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: Dartmouth-Hitchcock

6/7/2022
Date

DocuSigned by:
Edward Merrens
Name: Edward Merrens
Title: Chief Clinical Officer

BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement") agrees, as a Business Associate, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any may be amended from time to time.

(1) Definitions.

a. "Business Associate" shall mean the Contractor and its agents who receive, use, or have access to protected health information (PHI) as defined in this Business Associate Agreement ("BAA") and the Agreement, and "Covered Entity" shall mean the State of New Hampshire, Department of Health and Human Services.

b. The following terms have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:

> "Breach," "Covered Entity," "Designated Record Set," "Data Aggregation," Designated Record Set," Health Care Operations," HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."

c. "Protected Health Information" ("PHI") as used in this Agreement means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records relating to substance use disorder, if applicable, as defined below.

d. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.

e. "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.

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

a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit B, Scope of Services, of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPPA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

b. Business Associate may use or disclose PHI, as applicable:

I. For the proper management and administration of the Business Associate;

II. As required by law, pursuant to the terms set forth in paragraph c. and d. below;

III. According to the HIPAA minimum necessary standard; and

IV. For data aggregation purposes for the health care operations of the Covered Entity.

c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor, prior to making any disclosure, the Business Associate must obtain, a business associate agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.

d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.

b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHHSPrivacyOfficer@dhhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.

c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.

d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:

I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

II. The unauthorized person who accessed, used, disclosed, or received the protected health information;

III. Whether the protected health information was actually acquired or viewed; and

IV. How the risk of loss of confidentiality to the protected health information has been mitigated.

e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.

f. 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 US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.

g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA or 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)n, and an agreement that the Covered Entity shall be considered a direct third party beneficiary of the Business Associate's business associate agreements with Business Associate's intended business associates, who will be receiving PHI pursuant to this BAA, with rights of enforcement and indemnification from such business associates who shall be governed by standard provision #13 of this Agreement for the purpose of use and disclosure of protected health information.

h. Within ten (10) 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 BAA and the Agreement.

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6/7/2022
Date _____

i. 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.

j. 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.

k. Business Associate shall document any disclosures of PHI and information related to any 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.

l. 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.

m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) 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.

n. Within thirty (30) 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-ups of such PHI in any form or platform.

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

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI. A current version of Covered Entity's Notice of Privacy

Practices and any changes thereto will be posted on the Covered Entity's website: https://www.dhhs.nh.gov/oos/hipaa/publications.htm .

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 BAA, 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 of Agreement for Cause

In addition to Paragraph 9 of the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. 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.

(6) Miscellaneous

a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in HIPAA or 42 Part 2, 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 BAA, from time to time as is necessary for Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other 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.

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Contractor Initials _____

6/7/2022

Date _____

d. Interpretation. The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.

e. Segregation. If any term or condition of this BAA 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 BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA

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

Department of Health and Human Services	Dartmouth-Hitchcock
The State	Name of the Contractor
DocuSigned by: Patricia M. Tilley	DocuSigned by: Edward Merrens
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Edward Merrens
Name of Authorized Representative	Name of Authorized Representative
Director	Chief Clinical Officer
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/7/2022
Date	Date

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: Dartmouth-Hitchcock

6/7/2022
Date

DocuSigned by:
Edward Merrens
Name: Edward Merrens
Title: Chief Clinical Officer

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EM
Contractor Initials
6/7/2022
Date

FORM A

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

1. The DUNS number for your entity is: 069910297

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

DHHS Security Requirements

Exhibit K

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," "Confidential Data," or "Data" (as defined in Exhibit K), 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'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 a security policy, which includes successful attempts) 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 documents or mail.

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.

1. 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 required or permitted under this Contract or required by law. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. 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.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If Contractor 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. Contractor may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS Data.
3. Encrypted Email. Contractor 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 Contractor 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. Contractor may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. Contractor 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 Contractor is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. Contractor may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If Contractor is employing remote communication to

access or transmit Confidential Data, a secure method of transmission or remote access, which complies with the terms and conditions of Exhibit K, must be used.

10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If Contractor 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 Contractor 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 DHHS Data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have thirty (30) days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or, if it is infeasible to return or destroy DHHS Data, protections are extended to such information, in accordance with the termination provisions in this Section. 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 accessed or utilized for purposes of carrying out this contract.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting DHHS 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, current, updated, and

maintained anti-malware (e.g. anti-viral, anti-hacker, anti-spam, anti-spyware) utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

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

B. Disposition

If the Contractor maintains any Confidential Information on its systems (or its sub-contractor systems) and it has not done so previously, the Contractor will implement policies and procedures to ensure that any storage media on which such data maybe recorded will be rendered unreadable and that the data will be un-recoverable when the storage media is disposed of. Upon request, the Contractor will provide the Department with copies of these policies and with written documentation demonstrating compliance with the policies. The written documentation will include all details necessary to demonstrate data contained in the storage media has been rendered unreadable and un-recoverable. Where applicable, regulatory and professional standards for retention requirements may be jointly evaluated by the State and Contractor prior to destruction.

1. 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.
2. 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

Contractor Initials EM (DS)

Date 6/7/2022

used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will ensure End-User will maintain 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.

5. 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.

6. 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.

7. The Contractor will not store 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.

8. Data Security Breach Liability. In the event of any computer security incident, incident, or breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

9. 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, HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) and 42 C.F.R. Part 2 that govern protections for individually identifiable

Contractor Initials EM

Date 6/7/2022

health information and as applicable under State law.

10. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

11. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor must notify the DHHS Security Office and the Program Contact via the email addresses provided in Section VI of this Exhibit, immediately upon the Contractor determining that a breach or security incident has occurred and that DHHS confidential Information/data may have been exposed or compromised. 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.

12. 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.

13. The Contractor is responsible for End User oversight and compliance with the terms and conditions of the contract and Exhibit K.

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 immediately notify the State's Privacy Officer, Information Security Office and Program Manager of any Security Incidents and Breaches as specified in Section IV, paragraph 11 above.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with DHHS's documented Incident Handling and Breach Notification procedures and in accordance with– the HIPAA, Privacy and Security Rules. In addition

to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

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

VI. PERSONS TO CONTACT

A. DHHS contact for Data Management or Data Exchange issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

B. DHHS contacts for Privacy issues:
DHHSPrivacyOfficer@dhhs.nh.gov

C. DHHS contact for Information Security issues:
DHHSInformationSecurityOffice@dhhs.nh.gov

D. DHHS contact for Breach notifications:
DHHSInformationSecurityOffice@dhhs.nh.gov
DHHSPrivacyOfficer@dhhs.nh.gov

E. DHHS Program Area Contact:
Christine.Bean@dhhs.nh.gov

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Mid-State Health Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $962,907

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 92% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 8% General funds.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the

fulfillment of this agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, which is attached here to 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 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

1/6/2023
Date

DocuSigned by:
Patricia M. Tilley
846FD38F5FFDAC8...
Name: Patricia M. Tilley
Title: Director

Mid-State Health Center

1/6/2023
Date

DocuSigned by:
Robert MacLeod
0CA68DE8085A100...
Name: Robert MacLeod
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

1/6/2023
Date

DocuSigned by:
Robyn Guarino
748734844944A6...
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:

DocuSign Envelope ID: 451D8789-C8F7-4C77-B0F9-F47501B0DA88

New Hampshire Department of Health and Human Services
Contractor Name: Mid-State Health Center
Budget Request for: Regional Public Health Network
Budget Period: Upon G & C Approval through June 30, 2023
Indirect Cost Rate (if applicable): 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 6/30/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$8,059	$0	$50,884	$3,552		$0	$8,537	
2. Fringe Benefits	$2,095	$0	$13,230	$923		$0	$2,220	
3. Consultants	$1	$0	$1	$1		$0	$1	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$1	$0	$1	$1		$0	$1	
5.(a) Supplies - Educational	$1	$0	$0	$1		$0	$0	
5.(b) Supplies - Lab	$0	$0	$0	$0		$0	$0	
5.(c) Supplies - Pharmacy	$1	$0	$0	$0		$0	$0	
5.(d) Supplies - Medical	$500	$0	$0	$1		$0	$200	
5.(e) Supplies Office	$2,500	$0	$632	$1		$0	$0	
6. Travel	$9,494	$0	$7,757	$1,806		$0	$600	
7. Software	$1	$0	$1	$1		$0	$1	
8. (a) Other - Marketing/Communications	$1	$0	$651	$1		$0	$1	
8. (b) Other - Education and Training	$1,150	$0	$1	$200		$0	$1	
8. (c) Other - Other (specify below)								
Other (Occupancy)		$0	$1,800	$600		$0		
Other (Phone/Internet)		$0	$1,044			$0	$0	
Other (Postage)	$100	$0	$0	$1		$0	$1	
Other (Insurance)		$0	$0			$0	$0	
Other (Bookkeeping)						$0		
Other (Financial/Audit)								
Other (COVID Function)	$5,400							
Other (Hot Spots)	$1,200							
Other (Zoom)	$450							
9. Subrecipient Contracts	$14,000	$27,273	$1	$2,000	$184,626	$22,727	$2,073	$143,184
Total Direct Costs	$45,455	$27,273	$76,003	$9,091	$184,626	$22,727	$13,636	$143,184
Total Indirect Costs	$4,545	$2,727	$7,597	$909	$18,461	$2,273	$1,364	$14,318
Subtotals	$50,000	$30,000	$83,600	$10,000	$203,087	$25,000	$15,000	$157,502
							TOTAL	$574,189

Contractor Initials: PA
Date: 1/6/2023

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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 MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **285492**

Certificate Number: **0005779264**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of May A.D. 2022.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Carina Park, 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 Mid-State Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on December 20, 2022, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Robert MacLeod, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Mid-State Health Center 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: 12/20/22

Signature of Elected Officer
Name: Carina Park
Title: Board of Directors Secretary

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CERTIFICATE OF LIABILITY INSURANCE

Date: 09/10/22

Administrator:
New England Special Risks, Inc.
60 Prospect St.
Sherborn, Ma. 01770
Phone: (508) 561-6111

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

INSURERS AFFORDING COVERAGE

Insurer A:	Medical Protective Insurance Co.
Insurer B:	AIM Mutual Insurance Co.
Insurer C:	
Insurer D:	
Insurer E:	

Insured:
Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS		
A	**General Liability** ☑ Commercial General Liability ☐ Claims Made ☑ Occurrence ☐ ☐ General Aggregate Limit Applies Per: ☑ Policy ☐ Project ☐ Loc	HN 030313	10/1/2022	10/1/2023	Each Occurrence	$	1,000,000
					Fire Damage (Any one fire	$	50,000
					Med Exp (Any one person)	$	5,000
					Personal & Adv Injury	$	1,000,000
					General Aggregate	$	3,000,000
					Products - Comp/Op Agg	$	1,000,000
	Automobile Liability ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐ _____				Combined Single Limit (Each accident)	$	
					Bodily Injury (Per person)	$	
					Bodily Injury (Per accident)	$	
					Property Damage (Per accident)	$	
	Garage Liability ☐ Any Auto ☐				Auto Only - Ea. Accident	$	
					Other Than Auto Only: Ea. Acc	$	
					Other Than Auto Only: Agg	$	
A	**Excess Liability** ☑ Occurrence ☑ Claims Made ☐ Deductible ☐ Retention $	EN-030313	10/1/2022	10/1/2023	Each Occurrence	$	1,000,000
					Aggregate	$	1,000,000
						$	
						$	
						$	
	Workers Compensation and Employers' Liability	ECC-400079	10/1/2022	10/1/2023	☐ Statutory Limits ☐ Other		
					E.L. Each Accident	$	500,000
					E.L. Disease-Ea. Employe	$	500,000
					E.L. Disease - Policy Limit	$	500,000
A	**Medical Professional Liability**	HN 030313	10/1/2022	10/1/2023	Per Incident		$1,000,000
					Aggregate		$3,000,000

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current Liability and Workers Compensation Coverage for the Insured and its Employees Kelly Watkins APRN, Kelly Perry APRN, and Amy McCormack APRN

Certificate Holder

State of New Hampshire
Dept. of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Emmanuel Polakis

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MID-STATE HEALTH CENTER
Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care
midstatehealth.org

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, accessible to all regardless of the ability to pay.

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001
Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024
Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2021 and 2020

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2021

and

Independent Auditors' Report

MID-STATE
HEALTH CENTER

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MID-STATE HEALTH CENTER AND SUBSIDAIRY

Table of Contents

As of and for the Years Ended June 30, 2021 and 2020

	PAGE(S)
Independent Auditors' Report	1 – 2
Consolidated Financial Statements:	
Consolidated Statements of Financial Position	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Functional Expenses	5 – 6
Consolidated Statements of Cash Flows	7 – 8
Notes to Consolidated Financial Statements	9 – 22
Schedule of Expenditures of Federal Awards and OMB Circular A-133 Compliance Reports for the Year Ended June 30, 2021	
Federal Awards:	
Schedule of Expenditures of Federal Awards	23 – 24
Notes to Schedule of Expenditures of Federal Awards	25
Single Audit Reports:	
Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*	26 – 27
Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance	28 – 29
Schedule of Findings and Questioned Costs	30 – 31
Supplemental Schedules:	
Consolidating Statement of Financial Position - 2021	32
Consolidating Statement of Operations and Changes in Net Assets - 2021	33
Consolidating Statement of Financial Position - 2020	34
Consolidating Statement of Operations and Changes in Net Assets - 2020	35

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2021 and 2020, and the related consolidated statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Tyler, Simms & St. Sauveur, P.C. • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2021 and 2020, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, in 2021 the Organization adopted Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)* using the full retrospective approach. Our opinion is not modified with respect to this matter.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 32-35 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 18, 2021, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 18, 2021

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Financial Position
As of June 30, 2021 and 2020

	2021	2020
Assets		
Current assets		
Cash and cash equivalents	$ 3,392,262	$ 3,823,909
Restricted cash	91,843	78,578
Patient services receivable, net	1,058,656	646,271
Government grants receivable	483,166	467,760
Contract and other receivables	483,643	488,718
Promises to give	40,000	-
Prepaid expenses and other current assets	108,308	73,297
Total current assets	5,657,878	5,578,533
Long-term assets		
Property and equipment, net	7,844,779	5,978,859
Other assets	42,424	42,182
Total long-term assets	7,887,203	6,021,041
Total assets	$ 13,545,081	$ 11,599,574
Liabilities and net assets		
Current liabilities		
Accounts payable	$ 303,778	$ 329,626
Accrued expenses and other current liabilities	1,218,636	1,029,869
Refundable advance	135,525	578,105
Short-term note payable	-	484,000
Current portion of long-term debt	143,471	176,509
Total current liabilities	1,801,410	2,598,109
Long-term liabilities		
Long-term debt, less current portion	5,341,325	5,376,892
Total long-term liabilities	5,341,325	5,376,892
Total liabilities	7,142,735	7,975,001
Commitments and contingencies (See Notes)		
Net assets without donor restrictions	6,362,346	3,624,573
Net assets with donor restrictions	40,000	-
Total net assets	6,402,346	3,624,573
Total liabilities and net assets	$ 13,545,081	$ 11,599,574

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

For the Years Ended June 30, 2021 and 2020

	2021	2020
Operating revenues and other support without donor restrictions		
Net patient services revenue	$ 8,134,867	$ 7,045,574
Contract revenue	2,234,130	1,792,439
Other operating revenue	509,633	612,459
Government grants	5,115,185	2,485,691
Contributions	80,042	35,973
Total operating revenues and other support without donor restrictions	16,073,857	11,972,136
Operating expenses		
Salaries and wages	8,161,829	7,270,657
Employee benefits	2,339,699	1,568,194
Insurance	59,727	54,511
Professional fees	1,402,436	1,153,554
Supplies and expenses	2,092,022	1,694,199
Depreciation and amortization	310,027	301,808
Interest expense	201,996	192,850
Total operating expenses	14,567,736	12,235,773
Operating income (loss)	1,506,121	(263,637)
Nonoperating income (loss)		
Paycheck Protection Program debt forgiveness	1,118,000	-
Government grants for capital acquisitions	148,325	-
Loss on debt refinancing	(34,673)	-
Total nonoperating income (loss)	1,231,652	-
Increase (decrease) in net assets without donor restrictions	2,737,773	(263,637)
Changes in net assets with donor restrictions		
Contributions	40,000	-
Increase (decrease) in net assets	2,777,773	(263,637)
Net assets, beginning of year	3,624,573	3,888,210
Net assets, end of year	$ 6,402,346	$ 3,624,573

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2021

	Program Services						Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,065,607	$ 680,610	$ 932,439	$ 83,998	$ 178,651	$ 6,941,305	$ 1,174,687	$ 45,837	$ 8,161,829
Employee benefits	1,478,162	216,610	313,062	22,170	70,424	2,100,428	231,006	8,265	2,339,699
Insurance	37,489	453	3,700	1,918	1,442	45,002	14,725	-	59,727
Professional fees	827,124	7,857	152,928	279,857	-	1,267,766	134,670	-	1,402,436
Supplies and expenses	1,453,154	189,297	112,676	67,346	40,424	1,862,897	229,125	-	2,092,022
Depreciation and amortization	215,468	30,020	47,964	4,615	1,758	299,825	10,202	-	310,027
Interest expense	148,810	12,016	32,664	-	-	193,490	8,506	-	201,996
Total expenses	$ 9,225,814	$ 1,136,863	$ 1,595,433	$ 459,904	$ 292,699	$ 12,710,713	$ 1,802,921	$ 54,102	$ 14,567,736

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2020

	Program Services						Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 4,190,371	$ 694,205	$ 815,564	$ 94,716	$ 185,738	$ 5,980,594	$ 1,268,455	$ 21,608	$ 7,270,657
Employee benefits	961,559	158,116	235,976	16,056	48,148	1,419,855	143,928	4,412	1,568,194
Insurance	30,240	876	3,691	-	1,297	36,104	18,407	-	54,511
Professional fees	749,364	9,594	111,113	199,114	-	1,069,185	84,369	-	1,153,554
Supplies and expenses	1,143,430	126,020	143,073	22,981	53,693	1,489,197	205,002	-	1,694,199
Depreciation and amortization	205,100	41,749	43,997	-	1,466	292,312	9,496	-	301,808
Interest expense	142,764	18,878	23,316	-	-	184,958	7,892	-	192,850
Total expenses	$ 7,422,828	$ 1,049,438	$ 1,376,730	$ 332,867	$ 290,342	$ 10,472,205	$ 1,737,549	$ 26,020	$ 12,235,773

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2021 and 2020

	2021	2020
Cash flows from operating activities		
Increase (decrease) in net assets	$ 2,777,773	$ (263,637)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation and amortization	310,027	301,808
Paycheck Protection Program debt forgiveness	(1,118,000)	-
N.H. Healthcare Provider Relief Program loan conversion	(484,000)	-
Government grants for capital acquisitions	(148,325)	-
Amortization reflected as interest	3,801	(2,668)
Loss on debt refinancing	34,673	-
(Increase) decrease in the following assets:		
Patient services receivable	(412,385)	(75,823)
Government grants receivable	(15,406)	(22,219)
Promises to give	(40,000)	-
Other receivables	5,075	(109,567)
Prepaid expenses and other current assets	(35,011)	46,439
Other assets	(242)	(23,919)
Increase (decrease) in the following liabilities:		
Accounts payable	(25,848)	124,719
Accrued expenses and other current liabilities	188,767	279,840
Refundable advance	(442,580)	578,105
Net cash provided by operating activities	598,319	833,078
Cash flows from investing activities		
Purchases of property and equipment	(971,503)	(353,541)
Net cash used in investing activities	(971,503)	(353,541)
Cash flows from financing activities		
Proceeds on short-term note payable	-	484,000
Proceeds on long-term debt	-	1,268,000
Government grants for capital acquisitions	148,325	-
Payments on long-term debt	(164,185)	(162,371)
Capitalized debt issuance costs	(29,338)	-
Payments on capital leases	-	(591)
Net cash provided by (used in) financing activities	(45,198)	1,589,038
Net increase (decrease) in cash, cash equivalents and restricted cash	(418,382)	2,068,575
Cash, cash equivalents and restricted cash, beginning of year	3,902,487	1,833,912
Cash, cash equivalents and restricted cash, end of year	$ 3,484,105	$ 3,902,487

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Consolidated Statements of Cash Flows (continued)
For the Years Ended June 30, 2021 and 2020

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	2021	2020
Cash and cash equivalents	$ 3,392,262	$ 3,823,909
Restricted cash	91,843	78,578
	$ 3,484,105	$ 3,902,487

Supplemental Disclosures of Cash Flow Information

	2021	2020
Cash payments for:		
Interest	$ 198,195	$ 195,518

Supplemental Disclosures of Non-Cash Transactions

During 2021, the Organization acquired a building and refinanced two previously held loans on property through the issuance of a long-term note payable in the amount of $2,350,000.

During 2021, the Organization acquired an additional building through the issuance of a long-term note payable in the amount of $960,000.

During 2021, the Organization applied for and was approved for the conversion of its outstanding COVID-19 Emergency Healthcare System Relief Fund Loan through the State of New Hampshire in the amount of $484,000 into grant income (see Notes 4 and 8).

During 2020, the Organization acquired land through the issuance of a long-term note payable in the amount of $95,000.

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

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1. The Organization and Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization". Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

Use of Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and operations to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions, based on the existence or absence of donor-imposed restrictions.

Net Assets Without Donor Restrictions - Include net assets available for use in general operations and not subject to donor restrictions.

Net Assets With Donor Restrictions - Include net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time - such as promises to give - or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. As of June 30, 2021, the Organization had restrictions that were temporary in nature due to implied time restrictions on promises to give due in future periods. When an implied time restriction ends or purpose restriction is satisfied, net assets with door restriction are reclassified to net assets without donor restriction and are reported on the consolidated statements of operations as net assets released from donor restrictions. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. Additionally, unconditional contributions received and who donor-imposed use restriction is satisfied within the same period are reported in net assets without door restriction.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Cash and Cash Equivalents

Cash and cash equivalents are defined as cash and short-term investments with an original maturity of three months or less from the date of purchase.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to certain limits. The Organization has not experienced any losses in such accounts.

Patient Services Receivable

Patient services receivable result from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by both implicit and explicit price adjustments provided to third-party payors. Sliding fee scale, explicit price concession, is offered to uninsured patients if they are eligible in accordance with the Organization's policies, or implicit price concessions if collection is not expected to be collected on the patient portion, and/or implicit price concessions provided to uninsured or underinsured patients, and do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient revenues in the period of the change.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	YEARS
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 - 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Net Patient Services Revenue

Net patient services revenue is recognized at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied. Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied at a point in time are recognized when services are provided, and the Organization does not believe it is required to provide additional services to the patient. The Organization determines the transaction price based on standard charges for services provided, reduced by contractual adjustments provided to third-party payors. Sliding fee scale is offered to uninsured patients if they are eligible in accordance with the Organization's policy. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization applies the following practical expedients provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 606, *Revenue from Contracts with Customers*, to its contracts with patients:

(i) The Organization applies the portfolio approach as a practical expedient allowed under ASC Subtopic 606-10-10-4 to account for most of its patient contracts as a collective group rather than on an individual basis. The Organization does not expect the impact to the consolidated financial statements, when applying the revenue recognition guidance for patient services revenue, to differ materially using the portfolio approach rather than if applied at an individual contract level.

(ii) The Organization has elected the practical expedient allowed under ASC Subtopic 606-10-32-18 to not adjust the transaction price for the effects of a significant financing component, as payment is expected to be received from patients and third-party payors within one year from the date the patient receives services.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue or included in patient services receivable.

Determination of eligibility for charity care is granted on a sliding fee basis. Patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost-to-charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately $311,000 and $370,000 for the years ended June 30, 2021 and 2020, respectively.

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1. **The Organization and Summary of Significant Accounting Policies (continued):**

Government Grant Revenue

Government grants, consisting of federal, state and local grants, are primarily considered to be conditional contribution transactions, the majority of which are cost-reimbursement grants. The Organization has elected the "simultaneous release" accounting policy option, such that, conditional contributions received whose condition lapses simultaneously with the expiration of donor-imposed use restrictions are reported in net assets without donor restrictions. The Organization's costs incurred under its government grants are subject to audit by government agencies. Management believes the disallowance of costs, if any, would not be material to the consolidated financial position or consolidated statement of operations.

Revenue from government grants considered to be exchange transactions are included under the caption "contracted services" on the Organization's consolidated statement of operations.

Contract Revenue

The Organization has entered into various service agreements considered to be exchange transactions. Significant items included in contracted services include:

(i) The Organization participates in the 340B Drug Discount Program which enables qualifying entities to purchase drugs from pharmaceutical suppliers at a substantial discount. The 340B Drug Discount Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization earns revenue under this program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization has a network of participating pharmacies that dispense the pharmaceuticals to its patients under contract arrangements with the Organization. Reported 340B revenue consists of the gross pharmacy reimbursements. Pharmacy and third-party administrator fees are included in expenses. The 340B expenses are included in supplies and expenses (See Note 14).

(ii) The Organization has contracted with a third-party to provide managed in-house infusion services.

(iii) The Organization enters into purchased services agreements. The agreements generally are with certain organizations who purchase services of personnel employed by the Organization. Contracted service revenue is earned over time, utilizing an output method, as the Organization provides the service. The transaction price is negotiated with the customer and is usually based on standard hourly rates for the service, based on the respective personnel utilized. Revenue pursuant to these agreements have been classified as "contracted services" on the Organization's consolidated statement of operations.

Other Operating Revenue

The Organization recognizes other operating revenue central to day-to-day operations primarily consisting of revenue from the Organizations child care center, rental of space within its facility by individuals and organizations providing services in a medical related field, quality incentive income and other miscellaneous service reimbursements not directly related to patient care.

Contributions

Contributions are recognized at the earlier of when cash is received or at the time a promise becomes unconditional in nature. Contributions are recorded in the net asset classes described earlier depending on the existence and/or nature of any donor-imposed restriction.

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1. **The Organization and Summary of Significant Accounting Policies (continued):**

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, operations and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2017.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2021 and 2020 was $56,412 and $35,871, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management utilizing measurements for time and effort, square footage and/or encounter based statistics.

Operating Income (Loss)

The consolidated statements of operations includes a determination of operating income (loss). The Organization considers all of its health care and related activities to be part of normal operations and considers the caption "operating income (loss)"to be its performance indicator. Changes in net assets without restrictions which are excluded from excess (deficit) of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

Changes in net assets without donor restrictions, which are excluded from operating income (loss), includes contributions for long-lived assets (including assets acquired using contributions, which by donor restriction were used for the purpose of acquiring such assets) and infrequent transactions.

Fair Value of Financial Instruments

The carrying amount of cash, patient services receivable, accounts and notes payable and accrued expenses approximates fair value.

Reclassifications

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

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1. The Organization and Summary of Significant Accounting Policies (continued):

Liquidity

Assets are presented in the accompanying consolidated statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

Accounting Pronouncement Adopted in the Current Year

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers* (ASC 606). ASU 2014-09 affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets unless those contracts are within the scope of other standards. The core principle of the guidance in ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The Organization adopted ASU 2014-09 in 2021 under the full retrospective method. Additionally, the Organization applied the practical expedients to account for revenues with similar characteristics as a collective group rather than individually, to not adjust the transaction price for effects of a significant financing component, and to not disclose the transaction price allocated to unsatisfied or partially unsatisfied performance obligations as of the end of the reporting period when the performance obligations relate to contracts with an expected duration of less than one year. The adoption of ASU 2014-09 did not materially impact the timing or amount of revenue recognized by the Organization in the consolidated financial statements. Accordingly, the Organization's 2020 consolidated statements of activities has been revised to the 2021 presentation.

Accounting Pronouncements Issued and Not Yet Adopted

In February 2016, the FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about leasing arrangements. The update is effective for financial statements issued for fiscal years beginning after December 15, 2021 with early adoption permitted, using a modified retrospective approach. The Organization has not elected early adoption of the provisions of ASU 2016-02 and is evaluating its impact.

In September 2020, the FASB issued ASU 2020-07, *Not-for-Profit Entities: Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. The ASU requires contributed nonfinancial assets to be presented as a separate line item in the statement of activities, apart from contributions of cash and other financial assets; to disclose a disaggregation of the amount of contributed nonfinancial assets recognized within the statement of activities by category that depicts the type of contributed nonfinancial assets; and certain additional disclosures for each category of contributed nonfinancial assets recognized including whether the nonfinancial assets were either monetized or utilized during the reporting period, the not-for-profit's policy about monetizing rather than utilizing, a description of any donor-imposed restrictions and a description of the valuation techniques and inputs used to arrive at a fair value measure. The ASU is effective for annual periods beginning after June 15, 2021, with early adoption permitted, and should be applied on a retrospective basis. The Organization has not elected early adoption of the provisions of ASU 2020-07 and is evaluating its impact.

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2. Patient Services Revenue and Patient Services Receivable:

Patient services revenue, net of explicit and implicit price concessions, consisted of the following for the years ended June 30:

	2021	2020
Gross patient services revenue	$ 11,240,538	$ 10,141,118
Less: explicit and implicit price concessions	(3,105,671)	(3,095,544)
Net patient services revenue	$ 8,134,867	$ 7,045,574

Patient services receivable results from the health care services provided by the Organization. Patient services receivable are recorded at net realizable value at the transaction price based on standard charges for services provided, reduced by: (1) both contractual (explicit) and implicit price adjustments provided to third-party payors, (2) sliding fee scale adjustments (explicit price concessions) offered to uninsured or underinsured patients if they meet the Organization's eligibility policies, (3) implicit price concessions if collection is not expected to occur for some or all of the patient portion and (4) other implicit price concessions provided to uninsured or underinsured patients. Patient services receivable do not bear interest. Subsequent changes to the estimate of the transaction price are generally recorded as an adjustment to patient services revenue in the period of change.

Patient services receivable, net of explicit and implicit price concessions, was as follows as of June 30:

	2021	2020
Gross patient services receivable	$ 2,035,177	$ 1,234,960
Less: explicit and implicit price concessions	976,521	588,689
Patient services receivable, net	$ 1,058,656	$ 646,271

3. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

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4. Government Grants Receivable:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public agencies considered to be conditional contributions (see Note 1). The following is a summary of the grant activity for the years ended June 30:

	Government Grants Income		Government Grants Receivable	
	2021	2020	2021	2020
HRSA 330 Grant	$ 3,284,735	$ 1,901,141	$ 250,760	$ 349,500
State of NH Provider Relief Grant	484,000	-	-	-
NH Primary Care Contracts	143,322	150,794	11,946	26,675
Emergency Preparedness Grants	491,052	323,192	120,008	91,585
Provider Relief Funding	648,533	-	-	-
Bi-State Primary Care	92,986	-	92,986	-
Other government grants	118,882	110,564	7,466	-
	$ 5,263,510	$ 2,485,691	$ 483,166	$ 467,760

5. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2021	2020
Land	$ 751,173	$ 620,773
Buildings	7,519,748	6,445,703
Leasehold improvements	361,307	194,332
Furniture, fixtures and equipment	1,730,675	1,630,249
Projects in progress	704,101	-
	11,067,004	8,891,057
Less: Accumulated depreciation	3,222,225	2,912,198
	$ 7,844,779	$ 5,978,859

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2021 and 2020 amounted to $310,027 and $301,808, respectively.

6. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $150,000 as of June 30, 2021 and 2020, maturing December 2021. The line carries an interest rate equal to prime plus 2% (prime was 3.25% as of June 30, 2021). The line is secured by all business assets. The line was not drawn upon as of June 30, 2021 and 2020.

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7. Refundable Advance:

The Organization received upfront payments of certain provider relief grant funding through the Department of Health and Human Services as a result of COVID-19 intended to cover the costs of personal protective equipment, other COVID related expenses and lost revenues attributable to COVID-19. These funds have been considered conditional, in accordance with ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made,* with a refunding requirement. The Organization is required to report its related expenditures and revenue drop to DHHS for its Period 1 payments, those received between April 10 ,2020 and June 30, 2020, on or before September 30, 2021. The Organization is further required to report its use of its Period 2 payments, those received between July 1, 2020 and December 31, 2020, to DHHS on or before December 31, 2021. Any excess qualifying expenses or revenue drop from the Organization's Period 1 reporting will be made available to carry over and be used against its Period 2 payments received. Period 1 payments totaled $578,105 and Period 2 payments totaled $205,953. For the year ended June 30, 2021, the Organization believes it satisfied the conditions placed on the Provider Relief Funding for a portion of its payments received and, as a result, recognized, as government grant income, $648,533 of its total Provider Relief Funding payments. The remaining $135,525 represented a refundable advance as of June 30, 2021. As of June 30, 2020, following the existing guidance for the Provider Relief Program, the Organization reported a refundable advance in the amount of $578,105, representing the Period 1 payments received for which the Organization had not yet overcome the existing conditions presented by the provider Relief Program guidance in place as of June 30, 2020.

8. Short-Term Debt:

The Organization entered into a COVID-19 Emergency Healthcare System Relief Fund Loan through the State of New Hampshire in the amount of $484,000. The loan was interest free with a repayment term of 180 days after the expiration of the COVID-19 state of emergency. As a component of the program, the Organization was allowed to apply for conversion of the loan into grant income. As a result of the Organization's applications provided to the State of New Hampshire, the Organization was successful on receiving approval for conversion of the loan to grant income during the year ended June 30, 2021 (see Note 4).

9. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2021	2020
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240-monthly installments of $18,194 through August 2033. Interest is charged at a rate of 5.25%. The loan was refinanced with a Bank of NH loan in October 2020.	$ -	$ 2,072,199
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360-monthly payments of $10,904. Interest is charged at a rate of 3.5% (see Note 9a).	2,107,615	2,162,952
Meredith Village Savings Bank note payable, maturing February 2030, principal and interest payable in 120-monthly installments of $1,008. Interest is charged at a rate of 5%. Secured by certain parcels of land. The loan was refinanced with a Bank of NH loan in October 2020.	-	92,528

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9. **Long-Term Debt (continued):**

	2021	2020
U.S. Small Business Administration Economic Disaster Injury Loan, maturing May 2051, principal and interest payable in 360-monthly payments of $641 commencing June 2021. Interest is charged at a rate of 2.75%.	149,359	150,000
U.S. Small Business Administration Paycheck Protection Program ("PPP") Loan, administered by Northway Bank. The loan was fully forgiven in June 2021.	-	1,118,000
Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25 year amortization of $11,918 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	2,315,670	-
Bank of NH note payable, maturing November 2031, principal and interest payable in 120-monthly installments based on a 25 year amortization of $4,869 through November 2031. At the maturity date, the entire principal balance plus interest payable will be due. Interest is charged at a rate of 3.57%.	945,976	-
Total long-term debt	5,518,620	5,595,679
Less: unamortized deferred financing costs	33,824	42,278
Total long-term debt, net of unamortized deferred financing costs	5,484,796	5,553,401
Less: current portion	143,471	176,509
Long-term debt, less current portion	$ 5,341,325	$ 5,376,892

9a The Organization's loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of $1,090 until the accumulated sum of reserve funding reaches $130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2021, the reserve account totaled $91,843, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2021:

2022	$ 143,471
2023	149,424
2024	154,523
2025	160,211
2026	166,186
Thereafter	4,744,805
	$ 5,518,620

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10. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consisted of the following as of June 30:

	2021	2020
Cash and cash equivalents	$ 3,392,262	$ 3,823,909
Patient services receivable, net	1,058,656	646,271
Government grants receivable	483,166	467,760
Contract and other receivables	483,643	488,718
	$ 5,417,727	$ 5,426,658

As part of its liquidity management strategy, the Organization structures its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Organization has certain restricted cash balances totaling $91,843 and $78,578 as of June 30, 2021 and 2020, respectively, representing funds required to be set aside as a building maintenance reserve for the Organization's Bristol, New Hampshire location. These balances have not been included in the Organization's financial assets available for general expenditure within one year.

11. Malpractice Insurance Coverage:

The U.S. Department of Health and Human Services deemed the Organization covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Prior to being deemed for coverage under the FTCA, the Organization purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. The Organization purchases primary and excess liability malpractice insurance under occurrence policies for certain services and other portions of the Organization not covered under FTCA. Claim liabilities are determined without consideration of insurance recoveries. Expected recoveries are presented separately. Management analyzes the need for an accrual of estimated losses of medical malpractice claims, including an estimate of the ultimate costs of both reported claims and claims incurred but not reported. In such cases, the expected recovery from the Organization's insurance provider is recorded within prepaid expenses and other receivables. As of June 30, 2021 and 2020, subsequent to management's assessment of potential reported and not yet reported claims, management determined that its exposure for potential unreported claims was immaterial and consequently did not provide for an accrual. It is possible that an event has occurred which will be the basis of a future material claim.

12. Retirement Program:

During 2007, the Organization adopted a tax-sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2021 and 2020 were $155,133 and $159,439, respectively.

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13. Health Insurance:

The Organization participates in a captive health insurance plan (Captive Plan). The Organization is subject to a stop-loss limit of $50,000 per participant in the Plan before additional coverage through the captive arrangement will commence coverage of claims. Claims submitted to the Captive Plan for reimbursement after the end of the fiscal year with service dates on or prior to June 30 are required to be recognized as a loss in the period in which they occurred. As such, the Organization has provided for a liability for unpaid claims with service dates as of or before June 30 which had not yet been reported totaling $140,315 and $66,517 as of June 30, 2021 and 2020, respectively, included under the caption "accrued expenses and other current liabilities". Effective January 2020, deductible requirements under the Captive Plan range from $1,500 to $3,500.

14. Commitments and Contingencies:

Real Estate Taxes – The Organization and the Town of Plymouth, New Hampshire agreed to a payment in lieu of real estate taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10-year period, totaling $50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in other operating revenue within the consolidated statements of operations and totaled $1,442,783 and $1,400,403 for the years ended June 30, 2021 and 2020, respectively. The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled $575,103 and $532,362 for the years ended June 30, 2021 and 2020, respectively.

Operating Leases – The Organization is obligated as a lessee under various operating leases. The total rent expense for operating leases related to equipment was $33,457 and $42,671 for the years ended June 30, 2021 and 2020, respectively. The following schedule details future minimum lease payments annually as of June 30, 2021 for operating leases with initial or remaining lease terms in excess of one year:

2022	$ 22,037
2023	18,364
	$ 40,401

Construction in Progress – As of June 30, 2021, the Organization purchased a future site for the Children's Learning Center. The Organization plans to renovate the building with an estimated total cost of $2,381,053. The work is expected to be completed by December 2021.

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15. COVID-19:

In March 2020, the World Health Organization declared the outbreak of a novel coronavirus (COVID-19) as a pandemic and the United States Government declared COVID-19 a national emergency. The COVID-19 pandemic has impacted global markets, supply chains, business operations and community activities. Specific to the Organization, COVID-19 has impacted its emergency preparedness costs, COVID-19 control and containment activities, shortage of healthcare personnel, loss of revenue due to reductions in revenue streams as a result of declines in volume or inability to provide certain care activities. Management believes that the Organization is taking appropriate actions to respond to and mitigate any negative impact COVID-19 may present. On March 27, 2020, the President of the United States signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to provide economic assistance to a wide array of industries to ease the financial impact of COVID-19. Significant sources of governmental assistance, including funding under the CARES Act, were as follows as of and for the years ended June 30:

	2021	2020
Recognized as government grant income:		
HRSA 330 - CARES Act Funding	$ 698,705	$ -
HRSA 330 - Expanded Capacity for COVID Testing	275,119	-
HRSA 330 - American Rescue Plan Act	250,760	-
HRSA Provider Relief Funding	648,533	-
State of NH Provider Relief	484,000	-
GOFERR COVID Funding	37,235	-
CARES Act benefits included in government grant income	2,394,352	-
Recognized as nonoperating income:		
Paycheck Protection Program debt forgiveness	1,118,000	-
CARES Act benefits included in increase (decrease) in net assets	$ 3,512,352	$ -
Liabilities reported:		
Refundable Advance - Provider Relief Funding	$ 135,525	$ 578,105
Economic Injury Disaster Loan	149,359	150,000
Paycheck Protection Program loan	-	1,118,000
Advance payments and long-term debt in total liabilities	$ 284,884	$ 1,846,105

16. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors was as follows at June 30:

	2021	2020
Medicare	21.5%	13.1%
Medicaid	17.2%	20.0%
Blue Cross	20.9%	15.6%
Patients	18.4%	22.3%
Other third-party payors	22.0%	29.0%
	100.0%	100.0%

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17. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2021 through November 18, 2021, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued.

In July 2021, the Organization received a CDFA Tax Credit Program award of up to $300,000 in tax credits which will net $240,000 for the Children's Learning Center expansion project. The CDFA Tax Credit Program will allocate $150,000 for the years ending June 30, 2022 and 2023.

In July 2021, the Organization was awarded a $1,960,000 construction loan for its Children's Learning Center expansion project, bearing interest at 4.25%, maturing January 2033.

In August 2021, the Organization received approval from the U.S. Department of Agriculture for a $1,995,000 community facilities loan for its Children's Learning Center expansion project.

In August 2021, the Organization was awarded a $350,000 State Economic & Infrastructure Development (SEID) grant through the Northern Border Regional Commission Board ("NBRC") for the Children's Learning Center expansion Project.

In September 2021, the Organization entered into a purchase and sale agreement for Unit #2 of its Plymouth, New Hampshire operating facility in the amount of $750,00. The agreement calls for cash payments totaling $150,000 and an installment note for $600,000. The installment note calls for five annual payments of $120,000 plus interest at a rate of 3.25%.

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MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2021

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Provided to Subrecipients
U.S. Department of Health and Human Services:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 2,060,151	$ -
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,224,584	-
COVID-19 Provider Relief Fund	93.498		578,519	-
Passed through Bi-State Primary Care Association, Inc.				
Opioid STR	93.788	FAIN TI081685	92,986	-
Passed through Community for Alcohol and Drug Free Youth, Inc.				
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	Unknown	42,113	-
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN #TI083041	91,939	-
Immunization Cooperative Agreements	93.268	FAIN NH23IP922595	46,801	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 Comprised of 93.889 & 93.069	FAIN NU90TP922018 FAIN U3REP190580	66,595	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	37,264	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	FAIN SP020796	79,428	-

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MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2021

Federal Grantor/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Provided to Subrecipients
Public Health Emergency Response: Cooperative Agreement for Emergency Response:				
Public Health Crisis Response	93.354	FAIN NU90TP922106	49,979	-
Preventive Health and Health Services Block Grant	93.991	FAIN NB01OT009381-01-00	23,823	-
Environmental Public Health and Emergency Response	93.070	FAIN NUE1EH001357	8,936	-
Total passed through N.H. Department of Health and Human Services			404,765	-
Total U.S. Department of Health and Human Services			4,403,118	-
U.S. Department of the Treasury:				
Passed through Governor's Office for Emergency Relief and Recovery				
COVID-19 Coronavirus Relief Fund	21.019	Unknown	484,000	-
COVID-19 Coronavirus Relief Fund	21.019	020487172	12,088	-
Total passed through Governor's Office for Emergency Relief and Recovery			496,088	-
Passed through Governor's Office for Emergency Relief and Recovery and Health Strategies Of NH				
COVID-19 Coronavirus Relief Fund	21.019	Unknown	21,835	-
Total COVID-19 Coronavirus Relief Fund			517,923	-
Total U.S. Department of the Treasury:			517,923	-
U.S. Department of Homeland Security				
Passed through N.H. Department of Health and Human Services:				
COVID-19 Disaster Grants-Public Assistance (Presidentially Declared Disasters)	97.036	FAIN 4516DRNHP00000001	100,000	-
Total U.S. Department of Homeland Security			100,000	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 5,021,041	$ -

The accompanying notes to financial statements are an integral part of this schedule.

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MID-STATE HEALTH CENTER

Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2021

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of MSHC under programs of the federal government for the year ended June 30, 2021. The information in the schedule is presented in accordance with the requirements of Title 2 US. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of operations and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

3. Indirect Cost Rate:

MSHC elected to use the 10% de minimis indirect cost rate.

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 1.

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 18, 2021.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of MHSC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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www.tss-cpa.com

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Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* (continued)

Our consideration of the internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that have not been identified. We did identify a certain deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2021-001, that we consider to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under Government Auditing Standards and which are described in the accompanying schedule of findings and questioned costs as item 2021-001.

MSHC's Response to Findings

MSHC's response to the finding identified in our audit is described in the accompanying schedule of findings and questioned costs. MSHC's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Sauveur, CPAs, P.C.

Lebanon, New Hampshire
November 18, 2021

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2021. MHSC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of MSHC's compliance.

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Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance (continued)

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of MSHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered MSHC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 18, 2021

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MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2021

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued on whether the financial statements audited were prepared in accordance with GAAP	*Unmodified*
Internal control over financial reporting:	
Material weakness identified?	X Yes ____ No
Significant deficiencies identified that are not considered to be material weaknesses?	____ Yes X None reported
Non-compliance material to financial statements noted?	____ Yes X No

Federal Awards

Internal control over major programs:	
Material weakness identified?	____ Yes X No
Significant deficiencies identified that are not considered to be material weaknesses?	____ Yes X None reported
Type of auditors' report issued on compliance for major federal programs	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a)?	____ Yes X No

Identification of major federal programs:

Federal Assistance Listing Number	Name of Federal/Local Program
93.224	Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)
21.019	COVID-19 Coronavirus Relief Fund
93.498	COVID-19 Provider Relief Fund

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	X Yes ____ No

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SECTION II - FINANCIAL STATEMENT FINDINGS

2021-001

Criteria: A cumulative check of gross patient charges, payments and deductions by payor should be performed for year-to-date information.

Condition: During our audit procedures, we noted that reconciliations of the EMDs patient accounts receivable aging schedule, gross patient charges, payments and deductions were properly being reconciled on a monthly basis. However, we noted that a cumulative check of gross charges, payments and deductions by payor was not being performed for year-to-date information.

Effect: As a result, adjustments in a subsequent month to how charges were reported in a prior month (within EMDs) were not being identified and adjusted for in the general ledger.

Cause: The contracted billing company was not performing these cumulative checks.

Recommendation: We recommend that, in addition to running the monthly reporting to post the charge and payment activity to Blackbaud for the month, management also run and agree the year-to-date reporting out of EMDs to the year-to-date balances in Blackbaud and adjust as necessary. Further, we recommend that management investigate the cause of any changes to a prior month to identify its cause and potentially identify areas for improvement to remove or limit their occurrence in future periods.

Views of Responsible officials and planned correction action: They have since hired a new billing company and have changed accounting software that can accept imports versus having to manually enter the data, which provides staff additional time to help with the revenue tie out.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 1

As of June 30, 2021

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 2,894,108	$ 498,154	$ -	$ 3,392,262
Restricted cash	91,843	-	-	91,843
Patient services receivable, net	1,058,656	-	-	1,058,656
Government grants receivable	483,166	-	-	483,166
Contract and other receivables	535,252	-	(51,609)	483,643
Promises to give	40,000	-	-	40,000
Prepaid expenses and other current assets	108,308	-	-	108,308
Total current assets	5,211,333	498,154	(51,609)	5,657,878
Long-term assets				
Property and equipment, net	2,710,141	5,134,638	-	7,844,779
Other assets	164,243	-	(121,819)	42,424
Note receivable - MSCDC	672,611	-	(672,611)	-
Total long-term assets	3,546,995	5,134,638	(794,430)	7,887,203
Total assets	$ 8,758,328	$ 5,632,792	$ (846,039)	$ 13,545,081
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 301,951	$ 53,436	$ (51,609)	$ 303,778
Accrued expenses and other current liabilities	1,202,480	16,156	-	1,218,636
Refundable advance	135,525	-	-	135,525
Current portion of long-term debt	58,653	84,818	-	143,471
Total current liabilities	1,698,609	154,410	(51,609)	1,801,410
Long-term liabilities				
Lease deposits	-	121,819	(121,819)	-
Long-term debt, less current portion	2,193,132	3,148,193	-	5,341,325
Note payable - MSHC	-	672,611	(672,611)	-
Total long-term liabilities	2,193,132	3,942,623	(794,430)	5,341,325
Total liabilities	3,891,741	4,097,033	(846,039)	7,142,735
Net assets without donor restrictions	4,826,587	1,535,759	-	6,362,346
Net assets with donor restrictions	40,000	-	-	40,000
Total net assets	4,866,587	1,535,759	-	6,402,346
Total liabilities and net assets	$ 8,758,328	$ 5,632,792	$ (846,039)	$ 13,545,081

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2021

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	$ 8,134,867	$ -	$ -	$ 8,134,867
Contract revenue	2,234,130	-	-	2,234,130
Other operating revenue	483,904	355,190	(329,461)	509,633
Government grants	5,115,185	-	-	5,115,185
Contributions	80,042	-	-	80,042
Total operating revenues and other support without donor restrictions	16,048,128	355,190	(329,461)	16,073,857
Operating expenses				
Salaries and wages	8,161,829	-	-	8,161,829
Employee benefits	2,339,699	-	-	2,339,699
Insurance	59,727	-	-	59,727
Professional fees	1,370,379	32,057	-	1,402,436
Supplies and expenses	2,390,638	30,845	(329,461)	2,092,022
Depreciation and amortization	180,316	129,711	-	310,027
Interest expense	75,039	126,957	-	201,996
Total operating expenses	14,577,627	319,570	(329,461)	14,567,736
Operating income	1,470,501	35,620	-	1,506,121
Nonoperating income				
Paycheck Protection Program debt discharge income	1,118,000	-	-	1,118,000
Government grants for capital acquisitions	148,325	-	-	148,325
Loss on debt refinancing	-	(34,673)	-	(34,673)
Total nonoperating income	1,266,325	(34,673)	-	1,231,652
Increase in net assets without donor restrictions	2,736,826	947	-	2,737,773
Changes in net assets with donor restrictions				
Contributions	40,000	-	-	40,000
Increase in net asset with donor restrictions	40,000	-	-	40,000
Increase in net assets	2,776,826	947	-	2,777,773
Net assets, beginning of year	2,089,761	1,534,812	-	3,624,573
Net assets, end of year	$ 4,866,587	$ 1,535,759	$ -	$ 6,402,346

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 3

As of June 30, 2020

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 3,335,442	$ 488,467	$ -	$ 3,823,909
Restricted cash	78,578	-	-	78,578
Patient services receivable, net	646,271	-	-	646,271
Government grants receivable	467,760	-	-	467,760
Contract and other receivables	533,329	-	(44,611)	488,718
Prepaid expenses and other current assets	73,297	-	-	73,297
Total current assets	5,134,677	488,467	(44,611)	5,578,533
Long-term assets				
Property and equipment, net	2,623,056	3,355,803	-	5,978,859
Deposits and other assets	163,760	-	(121,578)	42,182
Total long-term assets	2,786,816	3,355,803	(121,578)	6,021,041
Total assets	$ 7,921,493	$ 3,844,270	$ (166,189)	$ 11,599,574
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 329,626	$ 44,611	$ (44,611)	$ 329,626
Accrued expenses and other current liabilities	1,014,408	15,461	-	1,029,869
Refundable advance	578,105	-	-	578,105
Short-term note payable	484,000	-	-	484,000
Current portion of long-term debt	56,660	119,849	-	176,509
Total current liabilities	2,462,799	179,921	(44,611)	2,598,109
Long-term liabilities				
Lease deposits	-	121,578	(121,578)	-
Long-term debt, less current portion	3,368,933	2,007,959	-	5,376,892
Total long-term liabilities	3,368,933	2,129,537	(121,578)	5,376,892
Total liabilities	5,831,732	2,309,458	(166,189)	7,975,001
Net assets without donor restrictions	2,089,761	1,534,812	-	3,624,573
Total liabilities and net assets	$ 7,921,493	$ 3,844,270	$ (166,189)	$ 11,599,574

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2020

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	7,045,574	-	-	7,045,574
Contract revenue	1,792,439	-	-	1,792,439
Other operating revenue	596,990	323,680	(308,211)	612,459
Government grants	2,485,691	-	-	2,485,691
Contributions	35,973	-	-	35,973
Total operating revenues and other support without donor restrictions	11,956,667	323,680	(308,211)	11,972,136
Operating expenses				
Salaries and wages	7,270,657	-	-	7,270,657
Employee benefits	1,568,194	-	-	1,568,194
Insurance	54,511	-	-	54,511
Professional fees	1,146,554	7,000	-	1,153,554
Supplies and expenses	1,999,983	2,427	(308,211)	1,694,199
Depreciation and amortization	181,189	120,619	-	301,808
Interest expense	76,997	115,853	-	192,850
Total operating expenses	12,298,085	245,899	(308,211)	12,235,773
Increase (decrease) in net assets without donor restrictions	(341,418)	77,781	-	(263,637)
Net assets, beginning of year	2,431,179	1,457,031	-	3,888,210
Net assets, end of year	$ 2,089,761	$ 1,534,812	$ -	$ 3,624,573

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MID-STATE
HEALTH CENTER

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (4)

Peter Laufenberg, President	**Todd Bickford, Vice President**	**Carina Park, Secretary**
Term Exp: 6/30/23	Term Exp: 6/30/23	Term Exp: 6/30/25
Mike Long, Treasurer		
Term Exp: 6/30/25		

BOARD MEMBERS, ACTIVE (8)

Joseph Monti, Director	**Isaac Davis, Director**	**Benoit Lamontagne, Director**
Term Exp: 6/30/25	Term Exp: 6/30/25	Term Exp; 6/30/2024
Patti Biederman, Director	**Chelsea Salomon, Director**	**John Scheinman, Director**
Term Exp: 6/30/2025	Term Exp: 6/30/24	Term Exp: 6/30/24
Steven Shaffer, Director	**Elizabeth Brochu, Director**	
Term Exp: 6/30/2025	Term Exp: 6/30/2025	

BOARD MEMBERS, HONORARY (4)

Carol Bears, Director	**Ann Blair, Director**	**James Dalley, Director**
Cynthia Standing, Director		

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Angel Ekstrom, EdD

[redacted]

EDUCATION

Doctor of Education - Curriculum and Instruction
Argosy University, Sarasota, Florida, 2008
Dissertation: *Environmental Literacy: A Study of First Year and Senior Students at Plymouth State University*

Certificate of Advanced Graduate Studies - Educational Leadership
Plymouth State University, Plymouth, New Hampshire, 2004

Master of Science – Recreation Administration
University of Nebraska at Omaha, Omaha, Nebraska, 1998
Thesis: *An Investigation into the Relationship between PVA/NWBA Wheelchair Basketball Skills Test and Evaluative Observations*

Bachelor of Science – Interdisciplinary, Health and Physical Education
Southwest State University, Marshall, Minnesota, 1996

Associate of Arts – Anoka Ramsey Community College, Anoka, Minnesota, 1993

PROFESSIONAL EXPERIENCE

2015 – present Central NH Public Health Network Regional Coordinator
Mid-State Health Center, Plymouth, NH
Set strategies and direction for regional public health emergency planning and response capacities for the 18 communities within the Central NH public health network. Ensure fiscal responsibility and forge collaborative partner relationships. Initiate and manage the regional coordinating committee's efforts for public health emergency planning. Support and enhance regional partnerships. Provide outreach and facilitate training and activities for emergency volunteers. Liaison for the NH Department of Health and Human Services and Homeland Security and Management representing the Central NH network. Plan and execute mobile vaccination clinics throughout the region. Direct, support, and activate Central NH's Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) units to meet the surrounding communities' needs. Research and write grants in support of Central NH public health emergency preparedness efforts. Implement and report on grant deliverables. Other duties include: track and disseminate relevant information to regional stakeholders, procure regional supplies and equipment, and order and manage vaccine.

2002 – 2017 *Teaching Lecturer (Undergraduate & Graduate)*
Skills Application Teacher (2002–2014) - 90% time split position between Academic Affairs and Student Affairs
Plymouth State University, Plymouth, NH
Manage the challenge course (2002–2008)
Health and Human Performance Department - Adventure Education: half time faculty appointment: instruct academic Adventure Education courses, academic advising (2002–2009), supervise practicum and clinical students, manage indoor climbing wall.
Outdoor Center Coordinator (2002–2014): founded the Outdoor Center in 2002, developed and managed the Outdoor Center personal (hire, supervise, train, mentor, schedule, and evaluate student employees and volunteer student trip leaders), operations, data (collection, evaluation, assessment, and reporting), budget, purchasing, technology, marketing, and programs including:

- Equipment Use program – serving PSU students, staff/faculty, alumni, and greater community
- White Mountain Orientation (WMO) trips – New Student Orientation Trip program
- Student Orientation Adventure Program (SOAP) – First Year Student Pre-Orientation program
- Student Outdoor Adventure Recreation (SOAR) programs – Fall/Spring educational programs serving all PSU Students

1999 – 2001 *Contract Field Instructor in Outdoor Leadership Academic Program*
Wilderness Box Coordinator: managed program operations and inventory
Colorado Mountain College, Leadville, CO

2000 *Field Instructor (backcountry rock climbing)*
National Outdoor Leadership School, Lander, WY

2000 - 2001 *Field Instructor / Head Logistics Coordinator*
Colorado Outward Bound School, Leadville, CO

1999 – 2001 *Professional Ski Patroller*
Ski Cooper, Tennessee Pass, CO

1999/2000 *Manager & Snowmobile Guide: Snowest Snowmobile Company*
Ski Instructor: Piney Creek Nordic Center
Server: Tennessee Pass Cookhouse backcountry restaurant
Tennessee Pass, CO

1998 – 1999 *Lead Wilderness Counselor*
Lathrop Park Experiential Program, Walsenburg, CO
Coordinator of wilderness therapy program at medium-secure adolescent male facility leading week-long backpacking, backcountry telemark, and canyoneering field-based trips year-round.
Counseled 9-19 year old adjudicated males

1996 – 1998 *Graduate Assistant: Outdoor Program, Recreation Facilities, Fitness Programs*
University of Nebraska at Omaha, Omaha, NE
Supervised and trained Outdoor program's student employees and trip leaders
Developed and taught academic outdoor education courses
Supervised and trained recreation building access employees, building managers, and fitness instructors

1991 – 1996 *Activities Coordinator / Counselor*
Robert E. Miller (REM), Inc. – Minneapolis and Bloomington, MN and Marshall, MN
Integrated mentally ill and developmentally disabled adult population into their community through recreation and meaningful employment opportunities

SERVICE / CONSULTATION

Stinson Lake Association (SLA), Rumney, NH
Board of Directors member, 2015 - present
Executive Council member (Secretary), 2015 - 2021
Purpose: Seeks to improve, conserve, protect, and preserve the natural attributes of the Stinson Lake watershed.

Stonehearth Open Learning Opportunities (SOLO), Conway, NH
Instructor, 2006 - present

Central NH Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
Director, 2015 – present
Purpose: to improve the health and safety of communities within the Central NH public health region by organizing and utilizing medical, public health, and other volunteers.

BeBop Labs, Ashland, NH
Board of Directors member, 2018 - 2020
Executive Council member (treasurer), 2018 – 2020
Purpose: Seeks to create and foster a scientifically-minded community that actively works together to tackle issues affecting human health and our environment.

Plymouth State University Center for Healthy Communities
Advisory Group Member, 2018 – 2020
Purpose: Provides education, community engagement, and research in support of healthy people in healthy environments advancing meaningful place-based, holistic, sustainable, and just community health strategies.

Plymouth State University Nursing Advisory Council, Plymouth State University
Advisory Council member, 2016 - 2020

Center for Young Children and Families, Plymouth, NH
Guest Presenter: *Bear Hang with Pulley* System: How to Keep Food from Bears and Other Wildlife, December 2013

20th Anniversary for Rivers Management and Protection Programs (Plymouth, NH), August 2013

Plymouth State University Committee Work

- PAT Committees:
  - Athletic Council, 2004-2008, 2011, 2012
  - PAT Observer to Student Senate, 2005-2006
- Health & Human Performance (HHP) Department Committees:
  - Adventure Education Risk Management committee member, 2006-2014
  - Faculty search committee, 2012
  - Center for Active Living & Wellness Case Statement subcommittee member, 2006-2008
  - New Majors Orientation committee member, 2004-2006
  - Open House Committee member, 2003-2006
- Student Scholarship Committees:
  - Brennan Hart Scholarship committee member, 2003–2014
  - Outdoor Center Student Scholarships committee chair, 2007-2011
- PE Center Planning committee member, 2006-2008
- Center for Rural Partnerships; Rural Health and Wellness Working Group member, 2006
- Leadership Effectiveness and Development Series (L.E.A.D.S.) Presenter, 2009

Association of Outdoor Recreation and Education (AORE)
Board of Directors member, 2004–2007
Executive Council of AORE (treasurer), 2005-2007
Environmental Stewardship Committee BOD Liaison of AORE, 2006, 2007
Northeast Regional Representative, 2005-2006

FAST Squad, Rumney, NH
Volunteer First Responder, 2005-2007
Provides emergency medical care to the citizens of Rumney, and by mutual aid agreements, the surrounding towns.

Fire Department volunteer, Rumney, NH
Volunteer First Responder, 2005-2007

Plymouth-Area Renewable Energy Initiative (PAREI), Plymouth, NH
Member & Volunteer for local energy raisers, 2005-present

Search and Rescue Lake County, Leadville, CO
Volunteer member, 1999–2001

Lake County Parks & Recreation, Leadville, CO
Board member, 1998-2000
Vice President, 1998-2000

Leadership Leadville, Leadville, CO
Graduate, 2000-2001

Challenge Course Facilitator Training & Local Operating Procedure Consulting
University of Wisconsin, Stout
Mississippi Gulf Coast Community College

RECOGNITIONS

- Excellence in Childhood and Adolescent Immunizations (State of NH Department of Health & Human Services Division of Public Health Services Bureau of Infectious Disease Control) - This award is presented to an individual who has made exceptional contributions in the area of immunizations. Qualities include dedication and drive in looking for innovative ways to improve vaccine efficiencies, ways to increase vaccination rates, and is an individual who goes beyond the call of duty in responding to practice and patient needs. 2018
- Patricia A. Storer Award nominee (Plymouth State University) 2012
- Distinguished Adjunct Teaching Award nominee (Plymouth State University, Office of the Provost and Vice President for Academic Affairs) 2007
- Leave No Trace Master Educator Course Scholarship recipient (Association of Outdoor Education and Recreation) 2008
- Instructor Course Scholarship recipient (National Outdoor Leadership School) 2000
- Certificate of Appreciation 1998 (U.S. Department of the Interior National Park Service, Great Sand Dunes National Monument) 1998
- Recognition for Research (NWBA/PVA National Basketball Camp) 1997
- Most Valuable Player (University of NE at Omaha Wheelchair Basketball Team) 1997

PROFESSIONAL CERTIFICATIONS

- Emergency Medical Technician Basic (National Registry), current
- Basic Life Support Level 4 Instructor (American Safety and Health Institute), current
- CPR - Health Care Provider (American Heart Association), current
- Wilderness First Responder (SOLO), 2020
- NAMI NH's Connect Suicide Postvention Program, 2015
- Canoe Instructor (American Canoe Association), 2005-2012
- Top Rope Site Manager (American Mountain Guide Association), 2002-2005, 2006-2009
- Challenge Course Practitioner Level 2 (Project Adventure), 2002-2005
- Outdoor Emergency Care Technician (National Ski Patrol), 1997-2003
- Level II Avalanche Safety Course (High Mountain Institute, Leadville, CO), 2001
- Level I Avalanche Safety Course (High Mountain Institute, Leadville, CO), 2000
- Standard First Aid Instructor (American Red Cross), expired 2012
- Lifeguard Instructor (American Red Cross), expired 2004
- Lifeguard (American Red Cross), 1998-2007
- Emergency Oxygen Instructor (American Red Cross), expired 2008
- Advanced Swift Water Rescue (American Canoe Association), expired 2007
- Safety Train / Swim Coach Instructor (American Red Cross), expired 2004
- Water Safety Instructor (American Red Cross), expired 2002
- Clinician (National Youth Sports Coaches Association), 1997

PROFESSIONAL PRESENTATIONS

Keynote Speaker for The President's Commission on the Status of Women's Theo Kalikow Awards Ceremony celebrating Women's History Month, Plymouth State University, April 2022

Ekstrom, A. & Jones, J. "Planning for Disasters: The Role Ski Areas Can Plan as Staging Grounds in the Community" NH Ski Association Conference, Bretton Woods, NH, June 2018.

Panel member for "The Role of Spirituality and Religion in General Wellness." 10th Annual Diversity Institute, Plymouth, NH, April, 2014.

Ekstrom, A. & Wiggett, J. "Collaborative Use of Space." Association of Outdoor Recreation and Education National Conference, Keystone, CO, November, 2010.

Ekstrom, A. "Climate change in the northeast: effects on outdoor programs." Association of Outdoor Recreation and Education National Conference, Ashville, NC, November, 2007.

Ekstrom, A. & Coulombe, C. "Pollution solutions: an experiential water quality lesson." Association of Outdoor Recreation and Education National Conference, Asheville, NC, November, 2007.

Ekstrom, A. "Pollution solutions: an experiential water quality lesson." Association of Outdoor Recreation and Education National Conference, Boise, ID, November, 2006.

Ekstrom, A. & Howard, E. 'Developing A Strategic Plan for Your Program's Environmental Education', Association of Outdoor Recreation and Education National Conference, Boise, ID, November 2006.

Ekstrom, A. 'AORE Roundtable', National Intramural-Recreational Sports Association National Conference, Orlando, FL, April 2005.

SELECTED TRAININGS

- Public Health Emergency Law (Centers for Disease Control & Prevention), 2019
- Cultural Competency, 2019
- Stop the Bleed, 2019
- Community Emergency Response Team (CERT) Program Manager, 2019
- Community Emergency Response Team (CERT) Train-the-Trainer, 2019
- FEMA Courses: Fundamentals of Grants Management (2019), Access & Functional Needs Preparedness Planning for Rural Communities MGT-403 (2019), Strategic National Stockpile Preparedness (2018), EMO / 98 ICE (2018)
- IS Courses: 100b, 120, 130, 700, 200, 300, 317, 400, 909
- Homeland Security Exercise & Evaluation Program (HSEEP)
- Emergency Preparedness Training Step One: Advanced Tabletops, 2018
- WebEOC
- Infection Prevention Fundamentals, 2017
- Train-the-Trainer Infectious Disease Readiness and Patient Transport, 2017
- Management of Spontaneous Volunteers in Disaster, 2016
- NH Institute for Local Public Health: (1) Core Public Health Concepts, (2) Principles of Epidemiology, Applied Communicable Disease Investigation, (3) Control, & Microbiology, (4) Principles of Environmental Health Practice, (5) Local Public Health Emergency Preparedness & Response, 2016
- Mental Health First Aid, 2016
- Childhood Lead Poisoning, 2016
- New England Public Health Conference, 2016, 2017, 2018
- NH Behavioral Health Conference, 2016
- Carbon Monoxide Prevention, 2016
- Motivational Interviewing, 2016
- NAMI NH's Connect Suicide Postvention Program, 2015
- Leave No Trace Master Educator (Leave No Trace Center for Outdoor Ethics and National Outdoor Leadership School), 2009
- Trip Leader Training (American Canoe Association), 2008
- Surfboard training (Witches Rock Surf Camp, Costa Rica), 2007
- High 5 Adventure Learning Center Adventure Practitioners Symposium (Brattleboro, VT), 2007

- Instructor Course (National Outdoor Leadership School 35 day training), 2000
- Advanced Skills and Standards Workshop (Project Adventure 4 day training), 2002
- Basic Trauma Life Support (Colorado Mountain College, CO), 2000
- Horse Packing Seminar (National Outdoor Leadership School), 2000
- Women's Rock Seminar (National Outdoor Leadership School), 2000
- Medication Administration (Colorado Department of Public Health and Environment), 1998
- IV Therapy (Colorado Mountain College, Breckenridge, CO), 2001
- Juvenile Detention Services training program (MN Department of Corrections), 1996
- Time, Stress, and management training (Southwest Technical College, MN), 1996

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DR. ROBERT J. MACLEOD, DHA

Acute General Medical Rural Health Care, Long Term Care, and Behavioral Health Care Executive with documented success developing managed care strategies, integrating delivery systems, program and policy development, and improving quality and utilization management programs

SUMMARY OF QUALIFICATIONS

- Healthcare Executive with strengths in policy setting, project management, budget control, vendor negotiations, HR, process improvements, program development, community outreach, and facility expansion.
- Expert in staff training, development, and performance management to meet operating and financial goals with extensive experience in workforce diversity, team building, and group leadership.
- Process designer with extensive experience creating strategy and policy with stakeholders contributing through a collaborative approach, cutting through departmental, industry and cultural differences.
- Health Services Strategist using LEAN Framework steering any business challenge into a process, strategy and resource capabilities decision process with measurable objectives outcome.

PROFESSIONAL EXPERIENCE

MID-STATE HEALTH CENTER, PLYMOUTH, NH JUNE 2018 – PRESENT

CHIEF EXECUTIVE OFFICER **OCT 1 -**

- Oversees the recruitment, development, performance evaluation of employees
- Oversees the business and financial affairs of the clinic an-d fiscal management.
- Enhances operational effectiveness, emphasizing cost containment without jeopardizing important innovation or quality of care.
- Ensures clinic compliance with all regulatory agencies governing health care delivery and the rules of accrediting bodies.
- Encourages clinic integration within the community through effective communication. Represents the clinic in its relationships with other health organizations, government agencies, and third party payers.
- Provides leadership in developing, planning, and implementing the clinic's business plans.
- Serves as a non-voting member of the governing board and responsible for developing and implementing the clinic's mission and strategic plan, assists the board in developing and implementing strategic plans to support the clinic's philosophy & goals, informs board about trends, problems and medical activities to facilitate policy making.

CHIEF PROJECTS OFFICER **JUNE - OCT 1**

Oversees a wide variety of projects within the organization and identifies issues, provides solutions, delegate tasks and monitor progress to stay on schedule and on budget.

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STATE OF NEW HAMPSHIRE, *Concord, NH* October 2002 - 2018

ADMINISTRATOR, GLENCLIFF HOME (LTCF- DEPARTMENT OF HEALTH AND SERVICES JUNE 2017 – 2018

Advisory responsibilities to the Administrator of the Glencliff Home including policy review, regulatory requirements, and CMS and USDOJ compliance.

- Established various policies and procedures necessary to meet CMS and OCR compliance
- Liaison for the State and USDOJ regarding Olmstead settlement to discharge residents to a less restrictive venue.
- Collaborate with clinical staff improve the delivery of services to residents by using LEAN methodology.
- Collaborate with senior management identifying strategies to maintain productive employee and union relations.
- Assisting the Nursing Director to establish a LPN program partnering with an existing accredited NH educational institution.
- Meet with residents to identify their needs and develop a plan for discharge to a community setting.
- Collaborate with activities staff identifying programs that are skill based.

2 **CEO, NEW HAMPSHIRE HOSPITAL (DEPARTMENT OF HEALTH AND HUMAN SERVICES)** JANUARY 2011- JUNE 2017

Responsible for overall operations including policy administration, regulatory compliance, and legislative interaction for behavioral health serving patients in all geographical regions of the state. New Hampshire Hospital is a Joint Commission accredited 168-bed inpatient psychiatric facility with 2500 admissions and discharges per year, a $70M operating budget, and 630 employees and a 35 member medical staff.

- Reduced operating budget by $8.5M in one year by consolidating support services and outsourcing the management of transitional services.
- Increased third-party reimbursement by facilitating timely authorizations and appeals, and using an IPPS coding methodology.
- Created a research infrastructure in collaboration with the Geisel School of Medicine at Dartmouth.
- Initiated study to determine the percentage of patients admitted with substance use issues
- Oversight of a project to facilitate the use of tele-psychiatry for underserved areas of the state with a focus on child psychiatry- (Implementation ongoing).
- Implemented a re-engineered post discharge program (Project Red). The first public-sector behavioral hospital to do so in the country.
- Implemented a patient-centered approach for the treatment of children and adolescents. Programming addresses mental health and behavioral issues.
- Enhanced co-occurring services for adolescent adult patients
- Implemented Peer Support services
- Collaborative agreement with Systemic-Therapeutic-Assessment-Respite-Treatment Program (START)
- Negotiated managed care contracts
- Electronic Health Record (EHR),and Computerized Physician Order Entry (CPOE)-(Implementation ongoing)

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- Participating in NHDHHS Health Information Exchange Implementation Project
- Established 10-bed inpatient stabilization unit

DIRECTOR OF MEDICAL & FORENSIC SERVICES (NH DEPARTMENT OF CORRECTIONS) OCTOBER 2002-2011

Direct the overall policy administration, regulatory compliance, and legislative lobbying for health and behavioral services for 4 state correctional facilities and 1 secured psychiatric facility (forensic hospital) with administrative oversight of 175 employees and $20M

SPEARE MEMORIAL HOSPITAL, *Plymouth, NH* (CAH) January 1982 – October 2002

EXECUTIVE VICE PRESIDENT & CHIEF OPERATING OFFICER February 2000 – October 2002

Senior Operating Executive with full strategic planning and P&L management responsibility of $20M in operating expenses accountable for all clinical, philanthropy, administrative, and support functions reporting to the CEO.

- Delivered unprecedented revenue for the Physician-Hospital Organization through building relationships and leading negotiations with managed care organizations driving $7.5M managed care operating revenues and $600K net revenues.
- Chaired Organizational-wide Strategic Planning Committee strategically mapping and implementing tactical action plans addressing financial, operational, and community program goals.
- Authored and achieved a $34K School Dental Program Health Care Grant enabling prophylaxis and reconstructive dental care for children in pre-school to high school.
- Spearheaded a $147K vocational grant process partnering with Plymouth Regional High School achieving a vocational program to introduce and prepare students for careers in the health profession.
- Initiated and established Infirmary services with the local university directly increasing Emergency, Radiology, and Laboratory services revenues by 5%.
- Directed the full-scale design and development of 2 new physician office buildings on time and under budget.
- Chaired and Member of hospital committees including Pharmacy and Therapeutic, Infection Control, Board of Trustees, Safety, Quality Improvement, and Leadership.

ASSOCIATE ADMINISTRATOR September 1995 – February 2000

Directed the daily operations and strategic planning of programs for the Nursing Department, Social Services, Pharmacy, Materials Management, Facility Services, Food and Nutritional Services, Public Relations, and Community Wellness.

DIRECTOR, SUPPORT SERVICES January 1982 – September 1995

ADDITIONAL EXPERIENCE

PLYMOUTH STATE UNIVERSITY, PLYMOUTH, NH **1999 -**
ADJUNCT PROFESSOR

GEISEL (DARTMOUTH) SCHOOL OF MEDICINE **2014 -**
ADJUNCT PROFESSOR

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ACADEMIC EXPERIENCE

DHA, DOCTOR OF HEALTH ADMINISTRATION & POLICY (2003)
MEDICAL UNIVERSITY OF SOUTH CAROLINA — Charleston, SC
Doctoral Project: Perspective of Hospital Chief Executive or Chief Operating Officers Regarding the Hospital Accreditation and Certification Process
Honors Society

MASTERS – BUSINESS ADMINISTRATION (1996)
PLYMOUTH STATE COLLEGE — Plymouth, NH

BS, INTERDISCIPLINARY DEGREE – POLITICAL SCIENCE & BUSINESS MANAGEMENT (1994)
PLYMOUTH STATE COLLEGE — Plymouth, NH
Summa Cum Laude

ASSOCIATES IN ARTS – ACCOUNTING (1986)
NORTH SHORE COMMUNITY COLLEGE — Beverly, MA

ASSOCIATIONS

- President, Board of Directors, Mid-State Health Clinic (FQHC)
- Fellow, American College of Health Care Executives
- Former Member, Governor's Task Force on Certificate of Need Reform
- Past Chair and Member, Town of Thornton School Board
- Past Vice-Chair and Member, Pemi-Baker Regional High School Board
- Member, Waterville Valley Chamber of Commerce and Plymouth Chamber of Commerce
- Member, New Hampshire Charitable Foundation.
- Member, New Hampshire Mental Health Commission and New Hampshire Suicide Council.

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101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
(603) 536-4000

William Sweeney

Objective

Seeking a challenging and rewarding job in finance and accounting within a medical office context.

Education

5/1997 Plymouth State College Plymouth, NH

Bachelor's of Science in Accounting

- Graduated Cum Laude with a 3.33 GPA on a 4.0 scale.
- Minor in Mathematics

8/2013 Plymouth State University Plymouth, NH

Master's Degree in Business Administration

- Graduate Certificate in Health Care Administration

Professional experience

1/1997-Present Mid-State Health Center Plymouth, NH

Chief Financial Officer

- Prepare financial statements, budgets, grant management, reconcile bank account and compile clinician productivity which is used to calculate their salary. Experience with billing office and hospital charges for PCP office, management of employees, use of MS Office and MSSQL

Chief Information Officer

- Supervise IT staff and work with contracted IT Company to make sure system is up-to-date, performing as needed and current hardware and software are working. Collaborate on future goals and needs as well as IT/IS projects.

References

Available upon request.

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WENDY LASCH-WILLIAMS, MBA

[redacted]

Executive Profile

Dynamic advancement professional with extensive public health project management experience from concept to implementation in the health care and non-profit environments. A highly-committed project leader with an energetic personality, collaborative nature, the proven ability to positively inspire others. Talents include identifying opportunities for growth; fund development; stakeholder engagement; and successfully implementing strategies to attain organizational goals.

Skills Highlight

- Primary Care & Public Health
- Change Management
- Community Engagement
- Skilled Facilitator
- Project Management
- Brand Development

Professional Experience

GRANTS & PROGRAMMING DIRECTOR — **07/2019 to Current**
Mid-State Health Center — **Plymouth, NH**

ADVANCEMENT & COMMUNICATIONS DIRECTOR — **10/2010 to 07/2019**
Mid-State Health Center — **Plymouth, NH**

- Provide leadership and project management in the implementation and operations of new programs and grant initiatives.
- Established goals, objectives, and plans for advancement initiatives resulting in funding awards from private foundations, the State of New Hampshire, and Health Resources Services Administration and other funders.
- As part of the leadership team, implement key initiatives which result in new revenue streams including those related to payment reform and practice transformation including projects with the Bureau of Primary Health Care, Federal Office of Rural Health Policy, CMS Innovation Center, and private foundations.
- Cultivate relationships with the Board of Directors, funders, legislative representatives and community partners to further the mission of the organization.
- Federal, State and foundation project management from concept to implementation and reporting.
- Initiate and implement key communication strategies to improve public image and patient relations.
- Executed successful branding and marketing strategies.
- Resolved internal and external organizational communication challenges.
- Prepared submissions for major grant funding opportunities with a high rate of funding success.
- Establish several strategies to improve organizational culture to create a "wow" patient experience.
- Played a key role in the opening of a new facility including planning, proposal for funding, purchasing and launch.

ADVANCEMENT & OUTREACH COORDINATOR — **10/2010 to 07/2011**
Communities for Alcohol and Drug-free Youth, Inc. — **Plymouth, NH**

- Conducted community-based outreach efforts as well as marketing and promotion of programs and activities.
- Launched a highly-successful fundraising event which is now an annual event for the organization.
- Conducted development activities including grant research and writing resulting in new funding
- opportunities.

ASSISTANT COORDINATOR — **10/2009 to 08/2010**
Greater Plymouth Public Health Network — **Plymouth, NH**

- Developed and supported implementation of a community outreach strategy for the regional public health emergency activities related to H1N1 which laid the foundation for future public health initiatives.
- Coordinated, promoted and implemented vaccination clinics in the Region.
- Engaged regional municipalities, health organizations, and other stakeholders to ensure successful implementation of the project.
- This public health outreach project required a high level of stakeholder engagement in a short amount of time. The region's efforts were identified as one of the most successful in the State.

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ASSISTANT DIRECTOR **10/2007 to 03/2009**
Belknap County Core Coalition **Meredith, NH**

- Successfully developed and implemented a variety of public relations and multi-media marketing initiatives
- to expand Coalition membership and increase member collaboration and participation.
- Facilitated, coordinated and led youth activities related to Coalition initiatives.

PRINCIPAL/OWNER **06/2006 to 10/2010**
All That Matters, LLC **Bristol, NH**

- Provided fundraising and administrative support for area non-profit organization.
- Guided local municipality in the development of their Local Emergency Operations Plan.
- Conducted contracted family and marital mediation and court-appointed Guardian ad Litem services.

PROGRAM YOUTH SPECIALIST **10/2004 to 06/2007**
Franklin High School **Franklin, NH**

- Implemented the School-to-Work curriculum, teaching employment skills, practical math and reading skills, self-awareness skills, and life skills to high school students.
- Coordinated support services, leadership events, community service projects, job shadowing, and work-based learning opportunities.

TUTOR/PROGRAM ASSISTANT **08/2003 to 09/2004**
Laconia Out of School Youth Program **Laconia, NH**

- Implemented the national Jobs for America's Graduates curriculum, teaching employment skills, self-awareness skills, and life skills to out of school youth.
- Assisted in the planning and implementation of leadership activities, community service projects, and field trips.

ASSISTANT TO THE SUPERINTENDENT - Finance **03/2000 to 06/2001**
Newfound Area School District **Bristol, NH**

- Acted as liaison to the Superintendent in special projects such as capital improvement projects, equipment
- purchasing, annual maintenance contracts and building maintenance projects.
- Monitored and managed general ledger entries for $14 million budget to ensure fiscal responsibility across the organization.
- Managed and implemented a successful conversion to new accounting software.
- Processed bi-weekly payroll for 300+ employees and accounts payable for 150+ vendors.
- Started with the organization in 1997 as administrative support and was promoted to Assistant to the Superintendent.

Education

MBA: Healthcare Administration, 2014 Plymouth State University, Plymouth, NH
Bachelor of Science: Human Services Administration, 2010 Granite State College, Concord, NH
Certificate Program: Mediation and Conflict Management, 2002 Woodbury College, Montpelier, VT
Associate of Science: Business Management, 1990 Champlain College, Burlington, VT

Professional Affiliations

Member & President (2015-16), Bristol Rotary Club (2011 - present)

Additional Information

Active board member of the Tapply-Thompson Community Center (2002-present), NH Marathon (2012-present), and Plymouth Area Recovery Connection (2018 - 2021). Race director for the children's race as part of the NH Marathon. Co-hosted a regionally popular public access television production to highlight interesting activities in the Newfound community for two seasons (12 +/- episodes).

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Contractor Name
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Angel Ekstrom	PHN Coordinator	$68.307.20
Robert MacLeod	CEO	0
Bill Sweeney	CFO	0
Wendy Williams	Grants & Programming Director	0

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41

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**
***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- - Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — **Award Date:** TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** **3/29/2021**

CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — Award Date: **3/31/2021**

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** 5/17/2021

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — **Award Date:** 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — **Award Date:** 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-07)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Mid-State Health Center		1.4 Contractor Address 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264	
1.5 Contractor Phone Number (603) 536-4000	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $817,436
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Robert MacLeod 0CA60DE8985A490...	Date: 6/3/2022	1.12 Name and Title of Contractor Signatory Robert MacLeod CEO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 846F038F60FD4C8...	Date: 6/8/2022	1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino 74B7345A4641498...		On: 6/8/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS PM
Date 6/3/2022

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.

Contractor Initials PM
Date 6/3/2022

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 Initials PM

Date 6/3/2022

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.

Contractor Initials DS PM

Date 6/3/2022

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

DS
PM
Contractor Initials
Date 6/3/2022

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Central NH region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased, awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information ~~not~~ be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

		ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).
	1.2.14.1.2.2.	Complete a technical assistance needs assessment.
	1.2.14.1.2.3.	Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.
1.2.14.1.3.	Substance Misuse Prevention Coordination and Continuum of Care Facilitation	
	1.2.14.1.3.1.	Attend community of practice meetings and/or activities.
	1.2.14.1.3.2.	Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.
	1.2.14.1.3.3.	Attend all regularly scheduled RPHN substance misuse meetings.
	1.2.14.1.3.4.	Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. <u>Public Health Advisory Council</u>

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 92% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 8% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses 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. 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.
8. Audits
   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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
Contractor Name: Mid-State Health Center
Budget Request for: Regional Public Health Network
Budget Period: SFY 23
Indirect Cost Rate (if applicable): 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$8,059	$21,000	$50,884	$3,552	$105,875	$18,800	$8,537	
2. Fringe Benefits	$2,095	$0	$13,230	$923		$0	$2,220	
3. Consultants	$1	$0	$1	$1		$0	$1	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200*	$1	$0	$1	$1		$0	$1	
5.(a) Supplies - Educational	$1	$0	$0	$1		$0	$0	
5.(b) Supplies - Lab	$0	$0	$0	$0		$0	$0	
5.(c) Supplies - Pharmacy	$1	$0	$0	$0		$0	$0	
5.(d) Supplies - Medical	$500	$0	$0	$1		$0	$200	
5.(e) Supplies Office	$2,500	$892	$200	$1	$4,684	$576	$0	
6. Travel	$9,494	$281	$8,137	$1,808	$4,235	$485	$600	
7. Software	$1		$1	$1		$0	$1	
8. (a) Other - Marketing/Communications	$1	$589	$1	$1	$8,442	$969	$1	
8. (b) Other - Education and Training	$1,150	$1,162	$1	$200	$7,869	$969	$1	
8. (c) Other - Other (specify below)								
Other (Occupancy)		$599	$1,800	$600	$18,964	$437		
Other (Phone/Internet)		$181	$1,044		$4,334	$484	$0	
Other (Postage)	$100	$349	$0	$1	$2,380	$291	$1	
Other (Insurance)		$581	$0		$3,934	$484	$0	
Other (Bookkeeping)		$814			$5,508	$678		
Other (Financial/Audit)		$1,025			$18,421	$554		
Other (COVID Function)	$5,400							
Other (Hot Spots)	$1,200							
Other (Zoom)	$450							
9. Subrecipient Contracts	$14,000		$1	$2,000			$2,073	$13,638
Total Direct Costs	$45,455	$27,273	$73,301	$9,091	$184,626	$22,727	$13,636	$13,636
Total Indirect Costs	$4,545	$2,727	$7,330	$909	$18,481	$2,273	$1,364	$1,364
Subtotals	$50,000	$30,000	$80,631	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$428,718

DS
PM
Contractor Initials
6/3/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Mid-State Health Center*
Budget Request for: *Regional Pubic Health Network*
Budget Period *SFY 24*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$9,981	$21,000	$51,682	$3,694	$122,675	$8,525
2. Fringe Benefits	$2,596	$0	$13,437	$960	$0	$2,216
3. Consultants	$1	$0	$1	$1	$0	$1
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$1	$0	$1	$1	$0	$1
5.(a) Supplies - Educational	$1	$0	$0	$1	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$1	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$500	$0	$0	$1	$0	$200
5.(e) Supplies Office	$600	$692	$100	$1	$4,684	$0
6. Travel	$11,886	$281	$5,232	$1,630	$3,749	$314
7. Software	$1		$1	$1	$0	$1
8. (a) Other - Marketing/Communications	$1	$589	$1	$1	$7,442	$1
8. (b) Other - Education and Training	$1,585	$1,162	$1	$199	$6,340	$1
8. (c) Other - Other (specify below)						
Other (Occupancy)		$599	$1,800	$1	$19,187	
Other (Phone/Internet)		$181	$1,044	$600	$3,819	
Other (Postage)	$200	$349	$0	$0	$2,651	$1
Other (Insurance)		$581	$0		$3,419	
Other (Bookkeeping)		$814			$5,436	
Other (Financial/Audit)		$1,025	$1		$5,224	
Other (COVID Function)	$5,400					
Other (Hot Spots)	$1,200					
Other (Zoom)	$500					
9. Subrecipient Contracts	$10,987			$2,000	$0	$2,375
Total Direct Costs	$45,455	$27,273	$73,301	$9,091	$184,626	$13,636
Total Indirect Costs	$4,545	$2,727	$7,330	$909	$18,461	$1,364
Subtotals	$50,000	$30,000	$80,631	$10,000	$203,087	$15,000
					TOTAL	$388,718

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6/3/2022
Date

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

Vendor Initials PM

Date 6/3/2022

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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who falls 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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

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Vendor Initials
6/3/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

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Contractor Initials
6/3/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

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6/3/2022
Date

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, TitleXIII, 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.

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

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:

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

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

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

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

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

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

Contractor Initials PM

Date 6/3/2022

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.

Contractor Initials PM

Date 6/3/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Mid State Health Center
The State by:	Name of the Contractor
Patricia M. Tilley	Robert MacLeod
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Robert MacLeod
Name of Authorized Representative	Name of Authorized Representative
Director	CEO
Title of Authorized Representative	Title of Authorized Representative
6/8/2022	6/3/2022
Date	Date

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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

FORM A

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

1. The DUNS number for your entity is: 109385625

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and North Country Health Consortium ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $874,625

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 92% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 8% General funds.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the

fulfillment of this agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, which is attached here to 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 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
846FD30E58FD4C8...
Name: Patricia M. Tilley
Title: Director

North Country Health Consortium

1/13/2023
Date

DocuSigned by:
Lauren Pearson
5128DD310AF3406...
Name: Lauren Pearson
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

1/17/2023
Date

DocuSigned by:
Robyn Guarino
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:

DocuSign Envelope ID: 1323A38E-7201-413A-B366-F0C583D83446

New Hampshire Department of Health and Human Services

Contractor Name: *North Country Health Consortium*

Budget Request for: *Regional Public Health Network*

Budget Period *Upon G&C Approval through June 30, 2023*

Indirect Cost Rate (if applicable) 19.70%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	Health Disparities Community Health Worker
1. Salary & Wages	$20,416	$19,518	$58,381	$5,025	$119,961	$15,388	$65,518
2. Fringe Benefits	$4,594	$4,392	$13,136	$1,131	$26,991	$3,462	$14,742
3. Consultants	$0	$0	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$50	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$3,000	$0	$500
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$0
5.(e) Supplies Office	$1,000	$100	$500	$100	$2,236	$494	$2,000
6. Travel	$1,700	$300	$800	$300	$3,825	$750	$400
7. Software	$2,197	$300	$500	$600	$1,637	$50	$1,394
8. (a) Other - Marketing/Communications	$90	$50	$50	$400	$1,000	$700	$500
8. (b) Other - Education and Training	$0	$50	$0	$0	$4,000	$0	$500
8. (c) Other - Other (specify below)							
Other (Volunteer Liability Insurance)	$750	$0	$0	$300	$0	$0	$0
Other (Expenses)	$1,000	$353	$610	$499	$2,000	$0	$1,288
Other (please specify)	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$12,000	$0	$0	$0	$6,000	$0	
Total Direct Costs	$43,747	$25,063	$73,977	$8,355	$170,650	$20,894	$86,842
Total Indirect Costs	$6,253	$4,937	$14,573	$1,645	$32,437	$4,106	$17,107
Subtotals	**$50,000**	**$30,000**	**$88,550**	**$10,000**	**$203,087**	**$25,000**	**$103,949**
						TOTAL	**$510,586**

Contractor Initials

Date 1/13/2023

DocuSign Envelope ID: 1323A38E-7201-413A-B366-F0C583D83446

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 NORTH COUNTRY HEALTH CONSORTIUM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 05, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **301456**

Certificate Number: **0005757540**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 13th day of April A.D. 2022.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Shannon Bates, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of North Country Health Consortium.

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 October 21, 2021, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Lauren Pearson, Executive Director, and/or Michael Lee, Board President are duly authorized on behalf of North Country Health Consortium to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 01/12/23

Signature of Elected Officer
Name: Shannon Bates
Title: Board Secretary

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/18/2023

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).

PRODUCER Geo M Stevens & Son Co 149 Main Street Lancaster NH 03584	CONTACT NAME: Patricia Bigelow-Emery PHONE (A/C, No, Ext): (603) 788-2555 FAX (A/C, No): (603) 788-3901 E-MAIL ADDRESS: pemery@gms-ins.com
INSURED North Country Health Consortium Inc 262 Cottage Street, Suite 230 Littleton NH 03561	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Insurance Companies INSURER B: Allied Eastern Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2311814677 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2506161	01/01/2023	01/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB847311	01/01/2023	01/01/2024	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		01-0000114697-05	01/01/2023	01/01/2024	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 500,000

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

Health Consortium
NH Workers Compensation--excluded officers are Michael Lee, Shannon Bates, Kenneth Gordon

CERTIFICATE HOLDER

State of NH DHHS
129 Pleasant Street
Concord NH 03301-3852

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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North Country Health Consortium

Leading innovative collaboration to improve the health status of northern New Hampshire

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North Country Health Consortium, Inc. and Subsidiary

CONSOLIDATED FINANCIAL STATEMENTS
and
SUPPLEMENTARY INFORMATION

September 30, 2021 and 2020
With Independent Auditor's Report

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

September 30, 2021 and 2020

TABLE OF CONTENTS

	Page(s)
Consolidated Financial Statements	
Independent Auditor's Report	1 - 2
Consolidated Statements of Financial Position	3
Consolidated Statements of Activities	4
Consolidated Statements of Functional Expenses	5 - 6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8 - 18
Additional Required Reports	
Schedule of Expenditures of Federal Awards	19 - 20
Notes to Schedule of Expenditures of Federal Awards	21
Independent Auditor's Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*	22 - 23
Independent Auditor's Report on Compliance for Each Major Program and on Internal Control over Compliance Required by the Uniform Guidance	24 - 26
Schedule of Findings and Questioned Costs	27 - 31
Summary Schedule of Prior Audit Findings and Questioned Costs	32

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
North Country Health Consortium, Inc.

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of North Country Health Consortium, Inc. (a nonprofit organization) and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the 2021 consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with U.S. generally accepted accounting principles.

Board of Directors
North Country Health Consortium, Inc.

Other Matters

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, during the year ended September 30, 2021 the Organization adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Prior Period Financial Statements

The consolidated financial statements of the Organization as of and for the year ended September 30, 2020 were audited by other auditors whose report dated June 30, 2021 expressed an unmodified opinion on those statements.

As discussed in Note 1 to the consolidated financial statements, the September 30, 2020 consolidated financial statements have been restated to correct an error related to the timing of revenue recognition. Total assets - discontinued operations was overstated by $100,687 and loss from discontinued operations was understated by $100,687 for the year ended September 30, 2020. Accordingly, these amounts have been restated in the September 30, 2020 financial statements currently presented. The other auditors reported on the 2020 financial statements before the restatement. As part of our audit of the 2021 financial statements, we also audited adjustments described in Note 1 that were applied to restate the 2020 financial statements. In our opinion, the adjustment is appropriate and has been properly applied. We were not engaged to audit, review, or apply any procedure to the 2020 financial statements of the Organization other than with respect to the adjustment and, accordingly, we do not express an opinion or any other form of assurance on the 2020 financial statements as a whole.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 20, 2022 on our consideration of the Organization's internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Bangor, Maine
May 20, 2022

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statements of Financial Position

September 30, 2021 and 2020

ASSETS

	2021	Restated 2020
Current assets		
Cash and cash equivalents	$ 1,320,750	$ 845,232
Accounts, grants, and contracts receivable, net	413,995	483,800
Prepaid expenses	33,530	30,448
Restricted cash - IDN	818,010	3,286,548
Total current assets	2,586,285	4,646,028
Property and equipment		
Computers and equipment	147,392	147,392
Dental equipment	10,815	10,815
Furniture and fixtures	30,045	30,045
Vehicles	18,677	18,677
	206,929	206,929
Less accumulated depreciation	(203,177)	(195,673)
Property and equipment, net	3,752	11,256
Other assets		
Certificates of deposit	127,904	127,357
Total other assets	127,904	127,357
Total assets - continuing operations	2,717,941	4,784,641
Total assets - discontinued operations	-	44,929
Total assets	$ 2,717,941	$ 4,829,570

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	$ 65,296	$ 112,673
Accrued wages and related liabilities	140,267	249,311
Deferred revenue	1,448,193	3,460,523
Total current liabilities and total liabilities	1,653,756	3,822,507
Net assets		
Without donor restrictions	1,064,185	1,007,063
Total net assets	1,064,185	1,007,063
Total liabilities and net assets	$ 2,717,941	$ 4,829,570

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statements of Activities

Years Ended September 30, 2021 and 2020

	2021	Restated 2020
Support		
Grant and contract revenue	$ 5,276,490	$ 3,768,162
Revenue		
Dental patient revenue	-	6,511
Fees for programs and services	296,655	227,818
Interest income	4,431	5,862
Other income	9,165	2,791
Total revenue	310,251	242,982
Total support and revenue from continuing operations	5,586,741	4,011,144
Program expenses		
Workforce	2,895,285	1,446,833
Public health	357,542	173,796
Molar	21,400	37,249
CSAP	1,783,857	1,971,654
Total program expenses from continuing operations	5,058,084	3,629,532
Management and general expenses	618,804	263,954
Total expenses from continuing operations	5,676,888	3,893,486
Change in net assets before discontinued operations	(90,147)	117,658
Gain (loss) from discontinued operations	147,269	(174,193)
Change in net assets	57,122	(56,535)
Net assets, beginning of year	1,007,063	1,063,598
Net assets, end of year	$ 1,064,185	$ 1,007,063

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statement of Functional Expenses

Year Ended September 30, 2021

	Workforce	Public Health	Molar	CSAP	Total Program	Management and General	Total
Personnel							
Salaries	$ 375,065	$ 170,698	$ 12,574	$ 970,495	$ 1,528,832	$ 400,570	$ 1,929,402
Payroll taxes and employee benefits	77,023	30,254	2,636	193,966	303,879	93,008	396,887
Total personnel expenses	452,088	200,952	15,210	1,164,461	1,832,711	493,578	2,326,289
Non-personnel expenses							
Computer fees	10,609	3,616	471	29,693	44,389	9,751	54,140
Medical and pharmacy supplies	11,876	1,719	3,118	7,088	23,801	551	24,352
Office supplies	7,781	6,795	100	26,016	40,692	2,065	42,757
Memorandum of Agreement (MOA)	2,260,723	101,034	-	318,757	2,680,514	1,132	2,681,646
Depreciation	-	-	-	-	-	7,504	7,504
Dues, memberships, education, and subscriptions	65,131	172	190	541	66,034	7,868	73,902
Staff development	180	-	-	-	180	-	180
Equipment and maintenance	28,216	173	18	7,321	35,728	675	36,403
Rent and occupancy	17,050	6,427	597	51,421	75,495	20,712	96,207
Insurance	3,400	1,642	122	9,143	14,307	8,434	22,741
Miscellaneous	-	-	-	32,597	32,597	6,877	39,474
Payroll processing fees	25	231	-	101	357	14,958	15,315
Postage	494	263	17	1,645	2,419	669	3,088
Printing	314	43	3	331	691	635	1,326
Professional fees	13,650	1,636	178	23,886	39,350	20,189	59,539
Training fees and supplies	16,325	13,774	61	50,286	80,446	4,384	84,830
Travel	3,062	4,309	1,309	18,446	27,126	786	27,912
Telephone	2,973	62	6	8,501	11,542	16,378	27,920
Vehicle expense	-	-	-	-	-	450	450
Event facility fees	1,388	14,694	-	33,623	49,705	1,208	50,913
Total non-personnel expenses	2,443,197	156,590	6,190	619,396	3,225,373	125,226	3,350,599
Total expenses	2,895,285	357,542	21,400	1,783,857	5,058,084	618,804	5,676,888
Indirect costs allocated to programs	137,148	50,133	5,049	374,432	566,762	(566,762)	-
Total expenses after indirect cost allocations	$ 3,032,433	$ 407,675	$ 26,449	$ 2,158,289	$ 5,624,846	$ 52,042	$ 5,676,888

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statement of Functional Expenses

Year Ended September 30, 2020

	Workforce	Public Health	Molar	CSAP	Total Program	Management and General	Total
Personnel							
Salaries	$ 561,712	$ 115,871	$ 20,075	$ 1,065,129	$ 1,762,787	$ 293,198	$ 2,055,985
Payroll taxes and employee benefits	113,597	21,067	4,101	216,231	354,996	42,983	397,979
Total personnel expenses	675,309	136,938	24,176	1,281,360	2,117,783	336,181	2,453,964
Non-personnel expenses							
Computer fees	7,893	1,049	870	22,906	32,718	8,334	41,052
Medical and pharmacy supplies	4,020	397	6,606	19,871	30,894	780	31,674
Office supplies	2,929	547	156	18,264	21,896	3,559	25,455
MOA	526,061	6,850	-	304,727	837,638	31,068	868,706
Depreciation	-	-	-	-	-	14,666	14,666
Dues, memberships, education, and subscriptions	89,601	-	(6)	441	90,036	11,430	101,466
Staff development	225	-	-	2,335	2,560	724	3,284
Equipment and maintenance	342	1,484	12	2,908	4,746	1,210	5,956
Rent and occupancy	14,371	2,323	321	22,307	39,322	70,208	109,530
Insurance	3,200	1,040	131	6,420	10,791	8,505	19,296
Miscellaneous, net	1,503	-	52	4,247	5,802	(11,073)	(5,271)
Payroll processing fees	-	110	-	100	210	15,829	16,039
Postage	762	89	45	1,121	2,017	1,129	3,146
Printing	1,551	250	83	3,567	5,451	1,516	6,967
Professional fees	5,435	895	180	20,492	27,002	9,627	36,629
Training fees and supplies	13,435	3,754	-	37,351	54,540	-	54,540
Travel	8,743	1,966	1,028	29,260	40,997	3,324	44,321
Telephone	5,734	387	73	10,156	16,350	13,786	30,136
Vehicle expense	-	65	-	-	65	-	65
Event facility fees	2,342	159	59	19,260	21,820	10,045	31,865
Total non-personnel expenses	688,147	21,365	9,610	525,733	1,244,855	194,667	1,439,522
Total expenses	1,363,456	158,303	33,786	1,807,093	3,362,638	530,848	3,893,486
Indirect costs allocated to programs	83,377	15,493	3,463	164,561	266,894	(266,894)	-
Total expenses after indirect cost allocations	$ 1,446,833	$ 173,796	$ 37,249	$ 1,971,654	$ 3,629,532	$ 263,954	$ 3,893,486

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statements of Cash Flows

Years Ended September 30, 2021 and 2020

	2021	Restated 2020
Cash flows from operating activities		
Change in net assets	$ 57,122	$ (56,535)
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation	7,504	14,666
Change in allowance for doubtful accounts	9,853	25,000
(Increase) decrease in operating assets		
Accounts receivable, grants and contracts	59,952	457,869
Total assets - discontinued operations	44,929	-
Prepaid expenses	(3,082)	2,620
Increase (decrease) in operating liabilities		
Accounts payable	(47,377)	(91,650)
Accrued expenses	-	(13,389)
Accrued wages and related liabilities	(109,044)	(104,704)
Deferred revenue	(2,012,330)	210,684
Net cash (used) provided by operating activities	(1,992,473)	444,561
Cash flows from investing activities		
Reinvestment of certificates of deposit interest	(547)	(656)
Net cash used by investing activities	(547)	(656)
Net (decrease) increase in cash, cash equivalents, and restricted cash	(1,993,020)	443,905
Cash, cash equivalents, and restricted cash, beginning of year	4,131,780	3,687,875
Cash, cash equivalents, and restricted cash, end of year	$ 2,138,760	$ 4,131,780
Breakdown of cash, cash equivalents, and restricted cash, end of year		
Cash and cash equivalents	$ 1,320,750	$ 845,232
Restricted cash - IDN, short term	818,010	3,286,548
Total cash, cash equivalents, and restricted cash	$ 2,138,760	$ 4,131,780

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

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1. Nature of Activities and Summary of Significant Accounting Policies

North Country Health Consortium, Inc. (NCHC) and Subsidiary (collectively, the Organization) is a not-for-profit health center chartered under the laws of the State of New Hampshire. The Organization's mission is to lead innovative collaboration to improve the health status of the region. NCHC is engaged in promoting and facilitating access to services and programs that improve the health status of the area population, provide health training and educational opportunities for healthcare purposes, and provide region-wide dental services for an underserved and uninsured residents.

NCHC's wholly-owned subsidiary, North Country ACO (the ACO), is a non-profit 501(c)(3) charitable corporation formed in December 2011. This entity was formed as an accountable care organization (ACO) with its purpose to support the programs and activities of the ACO participants to improve the overall health of their respective populations and communities. A nominal cash balance remains and activities have ceased.

The Organization's primary programs are as follows:

Workforce – To provide workforce education programs.

Public Health – To coordinate public health networks, and promote the community emergency response plan.

Molar – To sustain a program offering oral health services for children and low income adults in Northern New Hampshire.

Friendship House – A residential facility to provide patient drug and alcohol treatment and recovery. As disclosed in Note 10, this activity has been discontinued.

Community Substance Abuse Prevention (CSAP) – To conduct community substance abuse prevention activities.

Following is a summary of the significant accounting policies used in the preparation of these consolidated financial statements.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

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

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

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the consolidated statements of activities. The Organization had no net assets with donor restrictions at September 30, 2021 and 2020.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Organization and the ACO. All intercompany transactions and balances have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Relief Legislation and Forgiveness of Paycheck Protection Program (PPP) Loan

During the year ended September 30, 2021 and 2020, local, U.S., and world governments have worked to curtail the spread of the global pandemic, coronavirus disease (COVID-19), by mandating the temporary shut-down of business in many sectors and imposing limitations on travel and the size and duration of group meetings. Most sectors are experiencing disruption to business operations.

The U.S. government responded with several phases of relief legislation, as a response to the COVID-19 outbreak. The relief legislation, among other things, 1) authorized emergency loans to distressed businesses by establishing, and providing funding for, forgivable bridge loans, 2) provided additional funding for grants and technical assistance, 3) delayed due dates for employer payroll taxes and estimated tax payments for organizations, and 4) revised provisions of the Internal Revenue Code, including those related to losses, charitable deductions, and business interest.

In April 2020, the Organization obtained a PPP loan under the relief legislation in the amount of $798,800 to cover qualifying expenditures incurred during the year ended September 30, 2020. The Organization elected to recognize the revenue once the qualifying expenditures were incurred. During 2021, the loan was forgiven. The PPP loan is subject to Small Business Administration review for six years from the date of loan forgiveness. Revenue in the amount of $798,800 has been included in the consolidated statement of activities and changes in net assets for the year ended September 30, 2020 as qualifying expenditures were incurred during that period.

The relief legislation established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by the U.S. Department of Health and Human Services (DHHS). The Organization received PRF in the amount of $78,822 during the year ended September 30, 2021. Management believes the Organization incurred lost revenues of at least $78,822 through the year ended September 30, 2021, and recorded grant revenue equal to the relief received. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, the amount of income allowed to be recognized may change. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

During 2021, the Organization was awarded a Coronavirus Relief Fund grant in the amount of $550,000. The funds were to be used for operational costs of the Friendship House not otherwise covered as a result of reduced census and services due to COVID-19 for the period March 1, 2020 to December 30, 2020. Qualifying reimbursements in the amount of $550,000 have been included as revenue in the consolidated statements of activities for the year ended September 30, 2021.

Concentration of Risk

The Organization's operations are affected by various risk factors, including credit risk and risk from geographic concentration and concentrations of funding sources. Management attempts to manage risk by obtaining and maintaining revenue funding from a variety of sources. A substantial portion of the Organization's activities are funded through grants and contracts with private, federal, and state agencies. As a result, the Organization may be vulnerable to the consequences of change in the availability of funding sources and economic policies at the agency level.

Revenue Recognition

As of October 1, 2020, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers (Topic 606)*, and related guidance. Topic 606 applies to exchange transactions with customers that are bound by contracts or similar arrangements and establishes a performance obligation approach to revenue recognition. Under the new standard, organizations recognize revenue when a customer obtains control of promised goods or services in an amount that reflects the consideration to which the organization expected to be entitled in exchange for those goods and services. The impact of adoption to the years ended September 30, 2021 and 2020 resulted in no material difference to net assets.

Below are the revenue recognition policies of the Organization:

Grant and Contract Revenue

Grants and contracts are recorded as revenue in the period they are earned by satisfaction of grant obligations. Grants and contracts are recorded as support without donor restrictions if restrictions are met in the year revenue is recognized.

Fees for Programs and Services

Fees for programs and services are recorded as revenue in the period the related services were performed.

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual services rendered. Generally, performance obligations are satisfied over time when services are provided. The Organization measures the performance obligation from when the Organization begins to provide services to a client to the point when they are no longer required to provide services to that client, which is generally at the time of DHHS notification to the Organization.

Each performance obligation is separately identifiable from other promises in the contract with the client and DHHS. As the performance obligations are met (i.e., day of services), revenue is recognized based on allocated transaction price. The transaction price is allocated to separate performance obligations based upon the relative standalone selling price.

Because all of its performance obligations relate to short-term contracts, the Organization has elected to apply the optional exemption provided in Topic 606, and therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period.

Program service fee revenue is included in the statement of activities within the gain (loss) from discontinued operations and fees for program services and is as follows:

	2021	2020
Friendship House Income - discontinued operations	$ 235,039	$ 1,270,335
Fees	287,755	202,690
Other	8,900	25,128
Net program service fee revenue	$ 531,694	$ 1,498,153

A rollforward of accounts and grants receivable, net activity related to exchange transactions for the years ended September 30, 2021 and 2020 is as follows:

	2021	2020
Balance, beginning of year	$ 528,729	$ 1,011,598
Net charges, payments, and adjustments	(280,796)	(482,869)
Balance, end of year	$ 247,933	$ 528,729

Certain 2020 accounts and grants receivable are included in total assets - discontinued operations on the consolidated statements of financial position.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents.

Restricted Cash - Integrated Delivery Network (IDN)

Restricted cash – IDN consists of advanced funding received from the State of New Hampshire Department of Health and Human Services for the IDN. The original advance of funds of approximately $2,400,000 is to be used to fund the Organization's cost of administering the IDN over a period of five years, beginning in fiscal year 2017. The remaining balance is to be distributed to participants.

As of September 30, 2021 and 2020, these amounts were restricted as follows:

	2021	2020
Administration fee to the Organization	$ -	$ 400,000
Distributions to participants	818,010	2,886,548
	$ 818,010	$ 3,286,548

Accounts, Grants, and Contracts Receivable

The Organization has receivable balances due from dental services provided to individuals and from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectability and records an allowance for doubtful accounts based on historical information, estimated contractual adjustments, and current economic trends. Management considers the individual circumstances when determining the collectability of past due amounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to earnings and a credit to accounts receivable. Any collection fees or related costs are expensed in the year incurred. The Organization recorded an allowance for doubtful accounts for grants and contracts of $9,853 as of September 30, 2021. No allowance was recorded as of September 30, 2020. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

Certificates of Deposit

The Organization has three certificates of deposit that may be withdrawn without penalty with one financial institution. These certificates carry original terms of 12 months to 24 months, have interest rates ranging from .35% to .75%, and mature at various dates through 2023.

Property and Equipment

The Organization generally capitalizes property and equipment with an estimated useful life in excess of one year and installed costs over $2,500. Lesser amounts are generally expensed. Property and equipment is capitalized at cost if purchased or at fair market value if donated.

Property and equipment are depreciated using the straight-line method using the following ranges of estimated useful lives:

Computers and equipment	3 - 7 years
Dental equipment	5 - 7 years
Furniture and fixtures	5 - 7 years
Vehicles	5 years

Depreciation expense totaled $7,504 and $14,666 for the years ended September 30, 2021 and 2020, respectively.

Deferred Revenue

Deferred revenue is related to advance payments on grants or advance billings relative to anticipated expenses or events in future periods. The revenue is realized when the expenses are incurred or as services are provided in the period earned.

Memorandum of Agreement Expenses

The Organization has entered into agreements (MOA) with subrecipients to help position IDN participants to deliver integrated physical and behavioral health care that addresses the full range of individuals' needs, to expand capacity to address emerging and ongoing behavioral health needs, to reduce gaps in care across settings by improving coordination across providers, and to address relevant alternative payment models. Expenditures associated with these agreements include payments to subrecipients, service provider contracts, and consulting costs.

Income Taxes

The Organization and the ACO are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and are not classified as private foundations. However, income from certain activities not directly related to the Organization's tax-exempt purpose is subject to taxation as unrelated business income. The Organization had no unrelated business income activity subject to taxation for the years ended September 30, 2021 and 2020.

The Organization had adopted the provisions of FASB Accounting Standards Codification (ASC) Subtopic 740-10, *Income Taxes - Overall*. FASB ASC Subtopic 740-10 prescribes a recognition threshold and measurement attributable for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return, and provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. Based on management's evaluation, management has concluded that there were no significant uncertain tax positions requiring recognition in the financial statements at September 30, 2021 and 2020.

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Although the Organization is not currently the subject of a tax examination by the Internal Revenue Service or the State of New Hampshire, the Organization's tax years ended September 30, 2018 through September 30, 2021 are open to examination by the taxing authorities under the applicable statute of limitations.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy, which are allocated on a square-footage basis, as well as salaries and benefits, which are allocated on the basis of estimates of time and effort.

Expenditures for the year ended September 30, 2020 have been reclassified between functional categories for comparative purposes.

Restatement

During 2021, the Organization identified a misstatement in previously reported September 30, 2020 consolidated financial statements related to the amounts included in total assets - discontinued operations and loss from discontinued operations. The September 30, 2020 consolidated financial statements have been restated to correct an error related to the timing of revenue recognition. Amounts previously reported as total assets - discontinued operations were overstated by $100,687 and amounts previously reported as loss from discontinued operations were understated by $100,687 as of and for the year ended September 30, 2020. Accordingly, these amounts have been restated in the September 30, 2020 consolidated financial statements now presented.

2. Cash Concentrations

The Organization maintains cash balances at two financial institutions. These accounts are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per financial institution. Management believes the Organization is not exposed to any significant credit risk on cash as of September 30, 2021.

The Organization manages credit risk relative to cash concentrations by utilizing "sweep" accounts. The Organization maintains Insured Cash Sweep accounts that invest cash balances in other financial institutions at amounts that do not exceed FDIC insured limits. All cash at these institutions is held in interest-bearing money market accounts.

3. Operating Leases

The Organization leases office space in Littleton, New Hampshire under a three-year operating lease that expires in May 2024 with two one-year renewal options.

The Organization operated the Friendship House, an outpatient drug and alcohol treatment facility and program. The Organization leased the premises under a five-year operating lease that was to expire March 2023, with minimum monthly rent and Common Area Maintenance (CAM) fee payments of $19,582. The CAM fee portion was to be adjusted annually. Effective December 31, 2020, the lease was terminated.

The Organization leases satellite offices in Lebanon, Woodsville, and Plymouth, New Hampshire under month-to-month operating lease agreements.

Future minimum rental payments under lease commitments as of September 30 are as follows:

2022	$ 80,324
2023	77,412
2024	52,461
	$ 210,197

Lease expense was $107,902 and $303,477 for the years ended September 30, 2021 and 2020, respectively.

4. Deferred Revenue

The summary of the components of deferred revenue as of September 30 are as follows:

	2021	2020
Deferred revenue, IDN	$ 818,010	$ 3,232,344
Deferred revenue, other	630,183	228,179
Total	$ 1,448,193	$ 3,460,523

Deferred Revenue - IDN

Under the terms of an agreement between the Centers for Medicare & Medicaid Services (CMS) and the State of New Hampshire Department of Health and Human Services, various IDNs are to be established within geographic regions across the state to develop programs to transform New Hampshire's behavioral health delivery system by strengthening community-based mental health and substance use disorder services and programs to combat the opioid crisis. The Organization has been designated to be the administrative lead of one of these IDNs.

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In September 2016, the Organization was awarded a five-year demonstration project from CMS, passed through the State of New Hampshire Department of Health and Human Services. At that date, the Organization was advanced $2,413,256 upon fulfillment of the condition of successful submission and state approval of an IDN Project Plan. Of that amount, $2,000,000 was to be retained by the Organization as administrative fees for five years and the remaining funds were to be disbursed to participants. For years two through five, the IDNs were to continue to earn performance-based incentive funding by achieving defined targets and any funds received were to be passed through to the participants. The project ended in December 2021.

5. Related Party Transactions

A majority of the Organization's members and the Organization are also members of a Limited Liability Company. There were no transactions between the Limited Liability Company and the Organization in 2021 and 2020.

The Organization contracts various services from other organizations of which members of management of these other organizations may also be members of the Board of Directors of North Country Health Consortium, Inc. Amounts paid to these organizations were $365,000 and $220,452 for the years ended September 30, 2021 and 2020, respectively. Outstanding amounts due to these organizations as of September 30, 2020 amounted to $2,000. Outstanding amounts due from these organizations as of September 30, 2020 amounted to $5,810. There were no balances due to or from these organizations as of September 30, 2021. One of these organizations provided a nurse practitioner to act as a part time medical director for 3-5 hours per week before the wrap up of the Friendship House program.

6. Retirement Plan

During 2020, the Organization terminated its defined contribution savings and investment plan under section 403(b) and adopted a plan under section 401(k) of the Internal Revenue Code. Under the 403(b) plan, all employees who are 21 years of age or older were eligible to participate in the plan. Under the 401(k), all employees are eligible, regardless of age. Under both plans, there is no service requirement to participate in the Plan. Employer contributions did not change. Employee contributions are permitted and are subject to Internal Revenue Service limitations. Monthly employer contributions are $50 for each part-time employee and $100 for each full-time employee. Employer contributions for the years ended September 30, 2021 and 2020 were $38,792 and $71,815, respectively.

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7. Liquidity and Availability of Financial Assets

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the statement of financial position date, are comprised of the following as of September 30:

	2021	2020
Cash and cash equivalents	$ 1,320,750	$ 845,232
Accounts receivable, grants, and contracts, net	413,995	483,800
	$ 1,734,745	$ 1,329,032

In addition to maintaining financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures.

8. Contingencies

The Organization receives a significant portion of its support from various funding sources. Expenditure of these funds requires compliance with terms and conditions specified in the related contracts and agreements. These expenditures are subject to audit by the contracting agencies. Any disallowed expenditures would become a liability of the Organization requiring repayment to the funding sources. Liabilities resulting from these audits, if any, will be recorded in the period in which the liability is ascertained. Management estimates that any potential liability related to such audits will be immaterial.

9. Subsequent Events

In accordance with FASB ASC Topic 855, *Subsequent Events,* management has evaluated subsequent events for possible recognition or disclosure through May 20, 2022, which is the date these financial statements were available to be issued.

10. Discontinued Operations

The Organization operated a pilot program referred to as "The Friendship House" which was discontinued in December of 2020. The operating results of The Friendship House were as follows for the years ended September 30:

	2021	2020
Grant and contract revenue	$ 576,461	$ 715,021
Fees for programs and services	235,039	1,270,335
Expenses	(664,231)	(2,159,549)
Gain (loss) from discontinued operations	$ 147,269	$ (174,193)

There was no depreciation, amortization, capital expenditures, or significant operating or investing noncash items related to the discontinued operations. There was no gain or loss recognized as a result of the discontinuance.

Assets of the discontinued operations were as follows at September 30, 2020:

Accounts receivable	$ 44,929
Assets - discontinued operations	$ 44,929

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SUPPLEMENTARY INFORMATION

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2021

Federal grantor/pass-through grantor/program title	Federal AL Number	Pass-through Number	Federal Expenditures
U.S. Department of Health And Human Services			
Direct Programs:			
Drug-Free Communities Support Program Grants	93.276	N/A	$ 125,000
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	152,906
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	150,321
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	296,337
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	217,916
Total AL Number 93.912:			817,480
Passed through: State of New Hampshire			
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	U90TP000535	265,195
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	U90TP000536	22,984
Total AL Number 93.074:			288,179
Passed through: Trustees of Dartmouth College			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	6 U77HP036271501	22,574
Passed through: University of Dartmouth Area Health Education Center			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	U77HP03627-09-01	111,208
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	U77HP03627-15-01	35,281
Total AL Number 93.107:			169,063
Passed through: State of New Hampshire			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP020796	331,306
Immunization Cooperative Agreements	93.268	H23IP00757	15,623
Centers for Disease Control and Prevention Investigations and Technical Assistance	93.283	N/A	3,927

See accompanying notes to schedule of expenditures of federal awards

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended September 30, 2021

Federal grantor/pass-through grantor/program title	Federal AL Number	Pass-through Number	Federal Expenditures
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI010035	143,324
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI010035-14	711,653
Total AL Number 93.959:			854,977
Total U.S. Department of Health And Human Services:			2,605,555
U.S. Department of Treasury			
Passed through: State of New Hampshire			
COVID-19 Coronavirus Relief Fund	21.019	N/A	550,000
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	N/A	53,328
Total U.S. Department of Treasury:			603,328
Total Expenditures of Federal Awards:			$ 3,208,883

See accompanying notes to schedule of expenditures of federal awards

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2021

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of North Country Health Consortium, Inc. and Subsidiary (the Organization) under programs of the federal government for the year ended September 30, 2021. The information in the Schedule is presented in accordance with Title 2 *U.S. Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to, and does not, present the financial position, changes in net assets or cash flows of the Organization.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Pass-through entity identifying numbers are presented where available.

The Organization has elected not to use the 10% de minimis indirect cost rate.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
North Country Health Consortium, Inc. and Subsidiary

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of North Country Health Consortium, Inc. and Subsidiary (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statement of financial position as of September 30, 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated May 20, 2022.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as described in the accompanying schedule of findings and questioned costs, we did identify certain deficiencies in internal control that we consider to be a material weakness and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency in internal control described in the accompanying schedule of findings and questioned costs as item 2021-001 to be a material weakness.

A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the deficiencies described in the accompanying schedule of findings and questioned costs as items 2021-002 and 2021-003 to be significant deficiencies.

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Board of Directors
North Country Health Consortium, Inc. and Subsidiary

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

The Organization's Responses to the Findings

The Organization's responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. The Organization's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the responses.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Bangor, Maine
May 20, 2022

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
North Country Health Consortium, Inc. and Subsidiary

Report on Compliance for Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary's (the Organization's) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended September 30, 2021. The Organization"s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2021.

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Other Matter

The results of our auditing procedures disclosed instances of noncompliance which are required to be reported in accordance with the Uniform Guidance and which are described in the accompanying schedule of findings and questioned costs as items 2021-004 and 2021-005. Our opinion on each major federal program is not modified with respect to these matters.

The Organization's responses to the noncompliance findings identified in our audit are described in the accompanying schedule of findings and questioned costs. The Organization's responses were not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

Our consideration of internal control over compliance was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. However, as discussed below, we did identify certain deficiencies in internal control over compliance that we consider to be a material weakness and a significant deficiency.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2021-004 to be a material weakness.

A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2021-005 to be a significant deficiency.

The Organization's responses to the findings identified in our audit are described in the accompanying schedule of findings and questioned costs. The Organization's responses were not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the responses.

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Board of Directors of
North Country Health Consortium, Inc. and Subsidiary

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Bangor, Maine
May 20, 2022

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Schedule of Findings and Questioned Costs

Year Ended September 30, 2021

Section I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:			Unmodified	
Material weakness(es) identified?	☑	Yes	☐	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☑	Yes	☐	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified:	☑	Yes	☐	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☑	Yes	☐	None reported
Type of auditor's report issued on compliance for major programs:			Unmodified	
Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?	☑	Yes	☐	No

Identification of major programs:

AL Number	Name of Federal Program or Cluster
93.243	Substance Abuse and Mental Health Services Projects of Regional and National Significance
93.959	Block Grants for Prevention and Treatment of Substance Abuse

Dollar threshold used to distinguish between Type A and Type B programs:			$750,000	
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

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Section II. Financial Statement Findings

Finding 2021-001

Criteria

The Organization is responsible for designing, implementing and maintaining effective internal controls over financial reporting that provide reasonable assurance that the internal controls will prevent misstatements or detect and correct misstatements on a timely basis, intentional or unintentional, from occurring.

Condition and Context

During our audit procedures related to the payroll cycle, we noted an internal control deficiency related to recording the payroll accrual. Management did not perform sufficient review of payroll accruals to identify that some payroll expenses were being recorded as a debit to a liability account.

Cause and Effect

The condition identified resulted from significant turnover as well as a change in how certain fringe benefits were communicated to the Organization by the payroll service organization. The routine month-end closing transactions process was not updated to reflect this change. This resulted in an understatement of liabilities and expenses by $34,219.

Recommendation

We recommend the Organization perform a review of all statement of financial position accounts such that unidentified balances accumulating in those accounts would be identified and to update the month-end closing transactions process to properly reflect fringe benefits.

Views of Responsible Officials and Planned Corrective Actions

Management agrees with the finding. See attached Planned Corrective Actions.

Finding 2021-002

Criteria

The Organization is responsible for designing, implementing and maintaining effective internal controls over financial reporting that provide reasonable assurance that the internal controls will prevent misstatements or detect and correct misstatements on a timely basis, intentional or unintentional, from occurring.

Condition and Context

We noted one cash account for the consolidated entity that was not included in the Organization's general ledger. While the balance in the account is small, any account opened under the consolidated entity should be recorded on the general ledger, with regular activity monitored and reviewed by the appropriate staff. The account was identified during our consideration of the Organization's bank statements.

Cause and Effect

The conditions identified are the result of turnover and limited subsidiary activity during recent periods, which resulted in limited monitoring of one cash account. The account balance was $3,080.

Recommendation

We recommend the Organization include all depository accounts within the general ledger; with all accounts reviewed and reconciled by Organization personnel on a regular basis.

Views of Responsible Officials and Planned Corrective Actions

Management agrees with the finding. See attached Planned Corrective Actions.

Finding 2021-003

Criteria

The Organization is responsible for designing, implementing and maintaining effective internal controls over financial reporting that provide reasonable assurance that the internal controls will prevent misstatements or detect and correct misstatements on a timely basis, intentional or unintentional, from occurring.

Condition and Context

One invoice which was reported as an expense during 2021 actually related to 2020. This expense was claimed for reimbursement under a federal award. Management's review of invoices was insufficient to identify an immaterial invoice with improper cutoff. One invoice out of a nonstatistical sample of 40 was recorded improperly.

Cause and Effect

The conditions identified related to significant turnover. The invoice identified as 2020 expenditures recorded in 2021 was $1,597.

Recommendation

We recommend the Organization perform additional training of grant managers to help ensure their review of expenses includes identifying whether even immaterial invoices are being recorded in the correct period.

Views of Responsible Officials and Planned Corrective Actions

Management agrees with the finding. See attached Planned Corrective Actions.

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Section III. Federal Award Findings and Questioned Costs

Finding 2021-004

Programs Affected

AL 21.019 Coronavirus Relief Fund

Criteria

The Organization is responsible for designing, implementing and maintaining effective internal controls over compliance that provide reasonable assurance that the internal controls will prevent misstatements, intentional or unintentional, from occurring, or detect and correct misstatements on a timely basis.

Condition and Context

While comparing and reconciling the Schedule of Expenditures of Federal Awards (SEFA) to the consolidated financial statements, we noted certain program expenditures were excluded from the SEFA.

Cause and Effect

The conditions identified related to significant turnover as well as a lack of processes to identify and report COVID related funds. The condition resulted in management not identifying all programs to be included in the SEFA, which could have resulted in incomplete information reported to users of the SEFA.

Questioned Costs

N/A

Identification of Repeat Findings

N/A

Recommendation

We recommend the Organization implement a tracking system to identify and report all expenditures of federal awards in compliance with the requirements of the Uniform Guidance.

Views of Responsible Officials and Planned Corrective Actions

Management agrees with the finding. See attached Planned Corrective Actions.

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Finding 2021-005

Programs Affected

AL 93.959 Block Grants for Prevention and Treatment of Substance Abuse
Passed through State of New Hampshire with a completion date of June 30, 2021.

In line with 2 CFR Part 200.502, the determination of when a Federal award is expended must be based on when the activity related to the Federal award occurs. See Finding 2021-003

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Summary Schedule of Prior Year Findings and Questioned Costs

Year Ended September 30, 2021

None

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North Country HEALTH CONSORTIUM

Financial Statement Findings

Finding 2021-001

Corrective Action Plan:

Management at the North Country Health Consortium takes seriously its responsibility for designing, maintaining and implementing effective internal controls to prevent and/or detect and correct misstatements from occurring.

- As of January 2022, a permanent Executive Director and Director of Finance were hired to replace the interims in those positions during the audit period. As well, the transition from a 5 staff finance department to a 3 person staff (the result of a program closure) has been completed. The Board of Directors has complete confidence in the new management team, but is also looking to enhance the Finance Committee membership with an outside CPA/accounting professional to strengthen oversight by the Board of Directors.

- A complete review of internal controls and revised job descriptions will be finalized and implemented by May 31, 2022, with specific action as noted below:

    - Month-end closing transactions performed by the Finance Controller will be reviewed for accuracy by the Director of Finance.
    - All general ledger (GL) balance sheet accounts will be reviewed against sub-ledgers and payroll records on a monthly basis for accuracy and balance by the Finance Director prior to the submission of monthly financial statements to the Finance Committee of the Board of Directors.

Person Responsible: Alice H. Claflin

Estimated completion: 6/30/2022 and ongoing

Finding 2021-002

Corrective Action Plan:

Management at the North Country Health Consortium takes seriously its responsibility for designing, maintaining and implementing effective internal controls to prevent and/or detect and correct misstatements from occurring.

- The subsidiary bank account missing from the GL at September 30, 2021 has been added to the GL. All current and future bank accounts will be posted to the GL at inception.
- In order that the bank accounts of the organization are correctly reflected on the GL, and meet the needs of the organization, a review of the bank accounts was begun in February 2022. Several small bank accounts have been closed, and another is in the process of consolidation with the operating account. This will be completed by May 31, 2022.

Person Responsible: Alice H. Claflin

Estimated completion: 6/30/2022 and ongoing

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North Country HEALTH CONSORTIUM

Finding 2021-003

Corrective Action Plan:

Management at the North Country Health Consortium is responsible to comply with accrual basis accounting methods and 2 CFR 200.502, which makes clear that expenditures must be based on when the activity related to the federal award occurs.

- In order to help avoid recording even an immaterial expenditure in the wrong period, effective immediately, the invoice approval process for payment will include review of the invoice posting date against the actual invoice.
- Management supports job-specific staff training, and staff are reviewed annually for such need. The experience and understanding of the grant management and finance staff specifically with respect to the timing of expenditures, will be reviewed. Training will take place, either internally or externally as need is determined, by June 30, 2022.

Person Responsible: Alice H. Claflin

Estimated completion: 6/30/2022 and ongoing

Federal Award Findings

Finding 2021-004

Corrective Action Plan:

Management at the North Country Health Consortium is aware of its responsibility under 2 CFR 200.510(b) as it relates to the requirements for providing a Schedule of Expenditures of Federal Awards (SEFA).

- All federal grants, whether programmatic or non-programmatic, as direct recipient or sub-recipient, will be included in the SEFA, with the Director of Finance responsible for inclusion and accuracy of the schedule. Specific actions include:
    - Maintenance of the current (audited) excel spreadsheet of SEFA awards will be reviewed quarterly for accuracy by the Director of Finance
    - All federal awards will be added to the existing schedule by grant management staff at the time of award. All federal awards closed within a fiscal year will be retained on the schedule through the annual audit, and then removed from the schedule by the grant management staff.
    - Any question regarding the source of grant funding, specifically for inclusion on the SEFA, will be verified with the grantor, grant documentation, or other primary source.

Person Responsible: Alice H. Claflin

Estimated completion: 6/30/2022 and ongoing

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North Country
HEALTH CONSORTIUM

Finding 2021-005

Corrective Action Plan:

Management at the North Country Health Consortium is aware that in accordance with 2 CFR 200.502 that the determination of federal award expenditures must be based on when the activity related to the award occurs. (See Finding 2021-003)

- All federal grant expenditures will be posted to the correct period moving forward. (See Corrective Action plan for 2021-003)

Person Responsible: Alice H. Claflin

Estimated completion: 6/30/2022 and ongoing

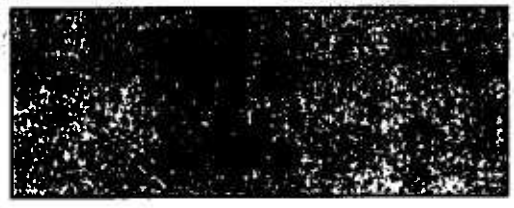
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North Country HEALTH CONSORTIUM

2022 - 2023 Board of Directors

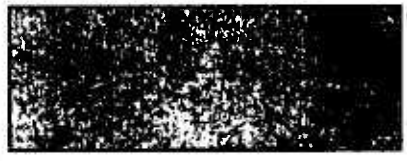
OFFICERS

Michael Lee, President
Weeks Medical Center
President



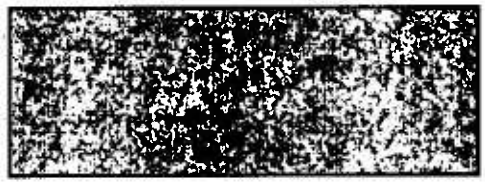
Serving NCHC since November 2016
Board President since: February 2020

Ken Gordon, Vice-President
Coos County Family Health Services
Chief Executive Officer



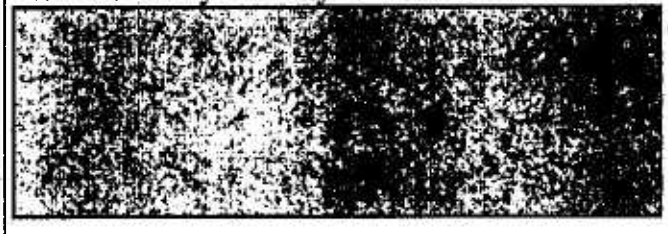
Serving NCHC since March 2015
Board VP since: November 2020

Ann Duffy, Treasurer
Cottage Hospital
CFO



Serving NCHC since May 2022
Board Treasurer since: March 2022

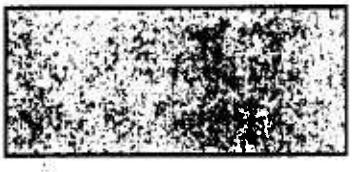
Shannon Bates, Secretary
North Country Serenity Center



Serving NCHC since November 2021
Board Secretary since: March 2022

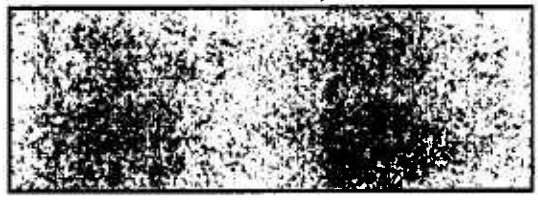
DIRECTORS

Scott Colby
Upper Connecticut Valley Hospital
President and CEO



Serving NCHC since March 2020

Ed Duffy, MD
Littleton Regional Healthcare
Executive Vice President, Chief Medical Officer



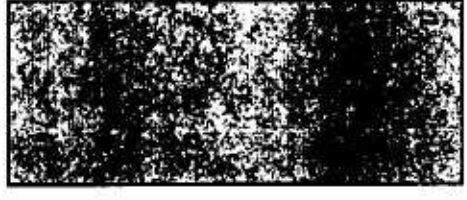
Serving NCHC since November 2019

Margo Sullivan
Androscoggin Valley Home Care
Interim Executive Director



Serving NCHC since May 2022

Jeanne Robillard
Tri-County Community Action Program

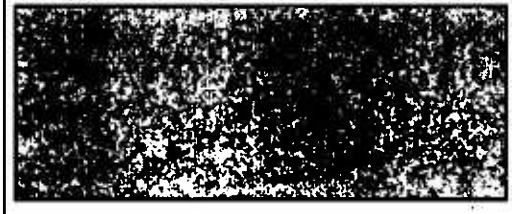
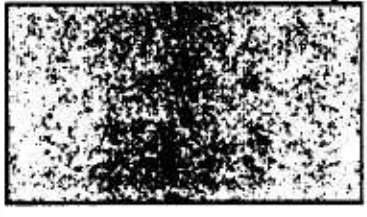
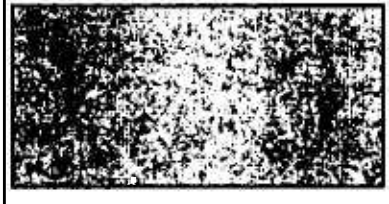
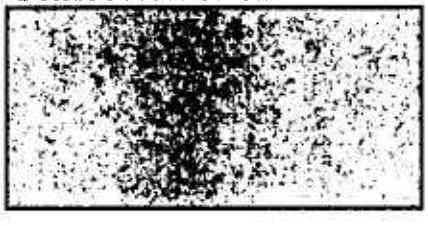
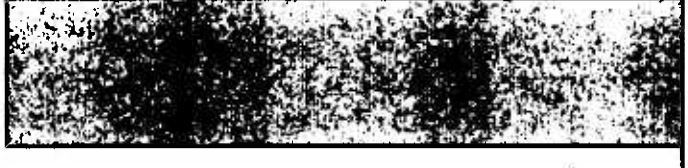
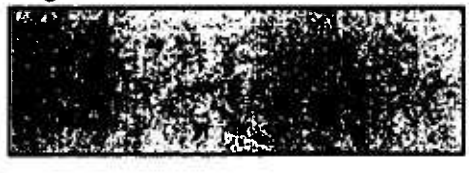


Serving NCHC since June 2017

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North Country HEALTH CONSORTIUM

2022 - 2023 Board of Directors

Heidi Barker **UNH CoOp ext.**  Serving NCHC since September 2021	***Michael Peterson*** **Androscoggin Valley Hospital** President & CEO  Serving NCHC since November 2020
Vacant Seat **Ammonoosuc Community Health Services**  Serving NCHC since	***Kristina Fjield-Sparks*** **NH AHEC Director**  Serving NCHC since 2021
Mark Bonta **Genfoot America**  Serving NCHC since November 2021	***Tiffany Haynes*** **North Country Home Health and Hospice Agency**  Serving NCHC since November 2021
Jaimie D'Alessandro **North Country Serenity Center**  Serving NCHC since November 2021	***Suzanne Gaetjens-Oleson, Treasurer*** **Northern Human Services** Regional Mental Health Administrator  Serving NCHC since November 2018

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Rebecca J Hill-Larsen

[redacted]

Employment History

Community Health Worker, North Country Health Consortium, Littleton, NH September 2021-present

- Bridge the gap between communities and the health and social service systems
- Navigate the health and human services system
- Advocate for individual and community needs
- Provide direct service
- Client record keeping
- Build individual and community capacity
- Build CHW workforce capacity through mentoring and technical assistance to support local, regional and statewide development and integration.

Operations Coordinator, Kingdom Community Services, St. Johnsbury, VT April 2021-August 2021

- Work with program managers to create volunteer recruitment, training, and volunteer support processes
- Collaborate with program managers to develop systems that support staff and increase services to meet growing needs
- Manage marketing and communication projects including social media, website and press releases
- Work with community partners to strengthen the food resources available to the greater St Johnsbury community
- Assist with grant writing and management

Project Manager, All Saints' Community Food Cupboard, Littleton, NH May 2017-Present

- Coordinate ordering, delivery and displaying of food and non-food items for clients
- Compile data on client visits for New Hampshire Food Bank, USDA and church reports
- Recruit, train and schedule volunteers to work with clients and assist with food deliveries
- Write and manage grants from New Hampshire Food Bank and other donors
- Manage social media and communications about the Food Cupboard with the congregation

Professional Organizer, Embark Organizing, Lyndonville, VT September 2017-Present

- Founder and owner of Embark Organizing
- Create plan to assist clients in becoming organized
- Utilize evidence-based strategies to empower clients to make meaningful change
- Work side-by-side with clients to achieve their organizing goals
- Assist clients in rightsizing before a move or change in life event

Assistant Market Gardener, Small Axe Farm, Barnet, VT August 2020-October 2020

- Harvest and storage of vegetables
- Process and package vegetables for points of sale
- Preventive management and control of weeds and pests

Seasonal Greenhouse Staff, Houghton's Greenhouse Lyndonville, VT Feb.-June 2020 & 2021; March 2019-July 2019

- Manage social media presence, create signage onsite
- Transplant seedlings and plants, create hanging baskets
- Plant maintenance and display
- Customer service assistance with vegetable, annual and perennial selection
- Customer service during check out, drive-up service during COVID-19 restrictions

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Substitute Art Teacher, The Riverside School, Lyndonville, VT October 2012-May 2019

- Maintain a creative atmosphere in the visual arts program when the art teacher was not available
- Follow lesson plans or create my own for students in Kindergarten through 8th grade
- Manage the needed art supplies and clean up for each project

Education:

Bachelor of Science in Animal Ecology-Iowa State University, Ames IA
Diploma-Winchester High School, Winchester, MA
Certificate: Professional Organizing Degree from Organizing U, organizing.com
Certificate: Core Four Business Planning Course from WREN, Bethlehem, NH

Community & Volunteer Involvement

- President, Board of Trustees, The Riverside School Lyndonville VT January 2019-August 2021
  - Board member since June 2015
- Board Member, Fairbanks Museum and Planetarium St Johnsbury, VT January 2019-present
  - Diversity and Inclusion subcommittee April 2021-present
- Member Social Justice Committee, All Saints' Church Littleton, NH July 2020-present
- Parade committee, North Country Pride, Littleton, NH April 2021-present
- Facebook Administrator, Buy Nothing Group-Caledonia County April 2021-present
- Selectboard member, Town of Kirby Vermont 2012-March 2017
- Board representative from Kirby, Northeast Kingdom Waste Management District 2016-April 2021

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CURRICULUM VITAE

Kathleen F. Frenette

EDUCATION:

Plymouth State University	Masters Courses in Business Administration & Organizational Communication
Granite State College	Bachelor's Degree in Management Specializing in Finance Graduation December 2007 cum Laude
Granite State College	Paralegal Certificate April 2004

WORK EXPERIENCE:

Town of Gorham	2019 to Present Director of Finance & Administration Under the administrative direction of the Town Manager to direct and administer activities, programs and policies in the areas of Personnel, Finance, Budget, Labor Relations, Maintenance, and Information Services. Serves as the administrator of the Town Finance and Personnel operations. Serves as advisor and consultant to the Town Manager and other Department Directors. Office 365 and Accufund Accounting Software used.
North Country Council	2016 to 2019 Chief Operations Officer, Co-Executive Director & Finance Manager Under the direction of the Board of Directors, direct and administer activities, programs and policies in the areas of Personnel, Finance, Budget, Maintenance, Information Services and Strategic Planning. Board of Director meeting agendas and minutes. Office and Quickbooks Accounting Software used.
ServiceLink Resource	2014 to 2016 Center of Coos County Options Counselor Under the direction of the Center Manager to seek private, local, state and Federal funding program support. Public outreach and marketing, of ServiceLink programs and services throughout Coos County. Solicit, organize, train, work with and supervise volunteers for the Senior Medicare Patrol Program a fraud prevention program aimed at senior citizens. Manage the client data base and office operations.
Alder Brook Distributors Inc.	2013 to 2019 Vice President & Co-owner Bread, rolls and pastry wholesale distributorship Business and government registrations. Sought and attained Federal government solicitations. Assist with finance operations.

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Granite United Way	2012 to 2014 Director Resource Development for Northern & North Country Regions (Coos, upper Grafton & Carroll Counties) Work with the Vice President of Resource Development and volunteer leaders in successfully planning and conducting the annual fundraising campaign in the Northern and North Country Regions. Develop new giving opportunities and maximize contributions within the existing donor base through the development and implementation of effective marketing and communication strategies and techniques. Collaborate with the Director of Leadership Giving to strengthen leadership giving and solicit prospects. Accurate record keeping and attention to detail for all phases of resource development. Grant writing and required reporting. Safety Committee member. Supervise office staff and volunteers.
State of New Hampshire Department of Resources & Economic Development	2009 to 2012 Procurement Program Specialist Assist New Hampshire businesses with the registration steps necessary to enable them to qualify to bid on Federal, state, municipal and school district contracts. Assist companies with contract opportunities and providing assistance to respond to those opportunities. Market the procurement program to businesses in the State of New Hampshire directly and through our partnerships with numerous Federal and state agencies as well as National Organizations. Cross trained as a Business Retention Specialist to assist businesses in their development on an as needed basis for the department.

Further employment information available on request.

ORGANIZATIONS:

Leadership North Country Task Force
Member 2014 to 2016

Androscoggin Valley Hospital Auxiliary
Auxiliary Member 2013 to 2019

Androscoggin Valley Chamber of Commerce
Board Member 2013 to Present

White Mountains Community College
Health and Human Services Advisory Council
Member 2013 to 2016

Federal Correctional Institution Berlin
Community Relations Board
Member 2009 to 2016

New Hampshire Economic Development Association (NHEDA)
Member 2009 to 2019

State Employees Association
Member 2009 to 2012
Benevolence Committee 2009 to 2012
Committee Chair 2011 to 2012

Family Resource Center at Gorham

DocuSign Envelope ID: 1323A38E-7201-413A-B366-F0C583D83446

Board Member 2008 to 2010

Tillotson Grantee Learning Community Participant
2008 to 2009

Internal Revenue Service
Volunteer Income Tax Assistance Program
Volunteer 2005-2010; 2012

United Way of Northern NH
Board Member since 1996 to 2012
Vice- President 1999 to 2000; 2007
President 2001 to 2005; 2008 to 2010
Allocations Committee
Campaign Committee
Nominations Committee
Finance Committee

AVER - Androscoggin Valley Economic Recovery Corporation
Community Partners Committee 2001to 2009
Executive Committee Member 2001to 2004
Allocations Committee Member 2001to 2004
Ambassadors Program 2004 to 2009

ACHEIVEMENTS:

Dale Carnegie Course
Certificate of Achievement July 2012

Published in Construction Resource Magazine
VOL. 20 NO. 1 Winter 2011
Business Features Section
Procurement Specialist Available to Assist with Government Contracting Opportunities

Leadership North Country Graduate 2009 to 2010

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Carolyn D. Schofield

Experience:

North Country Health Consortium
Community Health Worker
November 2018- Present Littleton, NH

- Meet clients in their home or place of comfort to identify their barriers to health.
- Work closely with members of the community, 18 and older to understand the Social Determinants of Health that affect their health on a day to day basis.
- Connect members of our community to services unique to their lives, to eliminate barriers to healthy living.
- Assist clients to better understand their medical needs and/or doctor's instructions.
- Program development.
- Trained leader in Stanford's Chronic Disease Self-Management Program
- Trained leader in Stanford's Chronic Pain Self-Management Program
- Teach the Northern AHEC Community Health Worker training
- New during the COVID-19 pandemic, assisting clients and their families telephonically to complete applications, problem solve, medication management and addressing other Social Determinants of Health unique to each client.
- Co-chair the NH CHW Coalitions sub-committee on CHW Certification

Cape Horn Pet Clinic
Practice Manager
June 2014- November 2018 Northumberland, NH

- Worked closely with owner of practice to open a new, warm and friendly veterinary clinic. Ordering equipment, coordinating schedules of maintenance crews to adhere to a strict open house date. Configured the hospital in a way that would allow maximum efficiency.
- Created new training programs, implemented new work policies and procedures, helped develop an employee handbook, hired new staff, maintained personnel files and helped the staff plan for continuing education.
- Promoted a client-centered environment by organizing programs and procedures that met and exceeded client's needs and expectations.
- Developed a cooperative work environment among staff members; instilling the value of teamwork; showed enthusiasm and willingness to perform as necessary to help the practice function as a unit.
- Managed the set up and daily operations of hospital software program (VetFM) assuring client records are entered consistently, , maintained performance of computers, printers, fax machines, phone systems and land line texting programs.
- Responsible for daily logging, charting and invoicing of all paid transactions, tallying bank deposits and running all clinic errands.
- Promoted marketing programs that increased client/ patient visitation rates. Developed product branding and logo designs.
- Studied and maintained effective advertising in the Yellow Pages, print advertising and social media. Created and updated a user friendly website with the help of a designer. Initiated new programs and marketed services through public relations campaigns (Rabies Clinics, Special Pricing Days, contests and giveaways).
- Expedited the resolution of client problems that other staff could not finalize. Resolved financial concerns with clients, collected delinquent accounts and "NSF" checks; determined when special financing agreements were appropriate.
- Effectively educated clients on their pet's health concerns, offering helpful advice, tips and tricks on how to better care for their pets needs. Assisted clients in their transitions to

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referral hospitals when necessary. Educated clients on a multitude of medical diagnosis, treatments, and follow up plans.

Winnipesaukee Emergency/ Meredith Place Veterinary Emergency
Emergency Veterinary Technician
June 2012- June 2014 Meredith, NH

Northern Lakes Veterinary Hospital
Veterinary Technician
December 2012- June 2014 Ashland, NH

Animal Hospital of Nashua/ Animal Medical Center of New England
Out Patient Nurse, Team Leader of Out Patient Nurses, ICU Technician
August 2009- May 2012 Nashua, NH

Countryside Veterinary Hospital
Kennel Assistant
December 2006- August 2008 Chelmsford, MA

Massachusetts General Hospital
Laboratory Animal Specialist I & II
October 2005- December 2006 Boston/ Charlestown, MA

Education

Middlesex Community College
Bedford, MA Major: Graphic Design

Westfield State College
Westfield, MA Major: Psycology

Chelmsford High School
Chelmsford, MA Graduated: 1995

Additional Experience and Certification

- Northern Vice Chair of the New Hampshire Community Health Worker Coalition
- Co-chair of the New Hampshire Community Health Worker Coalition, sub-committee on Certification
- Certified by the American Heart Association in CPR
- Well versed in Microsoft Word, PowerPoint and Excel
- Certified by the American Red Cross in Pet First Aid
- Certified by the Emergency Care & Safety Institute in Wilderness First Aid

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Francis J. Gesel

[redacted]

June 16, 2022

Human Resource Department
North Country Health Consortium
262 Cottage Street, Suite 230
Littleton, NH 03561

Dear Human Resource Department,

As a recent BSc Exercise Science graduate with a passion for preventive care, I find the Community Health Worker (CHW) position an excellent opportunity to bolster community health. Furthermore, I am excited to learn more about community health through CHW trainings offered by the position. I believe my diverse experiences provide me the skillset to successfully fulfil the job duties of the position.

JOB DUTY	EXPERIENCE
Provide outreach, community education, and advocacy	Instruct a community group exercise class for seniors in Lancaster NH, provide members with general education on lifestyle and behavior modification to improve health, and encourage members to seek services assisting seniors in need.
Assist patients with removing barriers to accessing health care and other services	As a volunteer for Caleb Caregivers, I help seniors in need (i.e., unable to drive, limited financial resources) in underserved, rural, northern NH area access healthcare and other services (e.g., grocery shopping) by providing transportation.
Work in a team-based environment	Through Caleb Caregivers, I lead a team that distributes commodity food deliveries to seniors in need in Lancaster NH and surrounding towns.
Collect and report program and patient data to care teams	Conducted a research study involving humans that required collecting, anonymizing, analyzing, and securing all participant data according to ethical confidentiality standards in research.

I look forward to the opportunity to meet with you to learn more about the position and to discuss how I can contribute to North Country Health Consortium and best serve the community. Thank you for your time and consideration.

Sincerely,

Francis Gesel

Francis Gesel

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Francis J. Gesel

[redacted]

EDUCATION

Bachelor of Science in Exercise Science — **Graduated: May 2020**
University of New Hampshire, Durham, NH — *GPA: 3.81*

- Magna Cum Laude

RESEARCH EXPERIENCE

International Undergraduate Research Fellow — **June – August 2019**
UNH Hamel Center for Undergraduate Research, McMaster University
Advisors: Dain P. LaRoche, Ph.D., and Stuart M. Phillips Ph.D.
ClinicalTrials.gov Identifier: NCT03712761

- Composed a research grant to secure funding ($4,100) to conduct an international, collaborative research study at McMaster University in Hamilton, Ontario, Canada, that investigated the effects of a novel leucine enriched dairy protein bar on the postprandial blood glucose, insulin, and amino acid response in geriatric individuals.
- Utilized gas chromatography-mass spectrometry to quantify blood amino acid kinetics to better understand optimal food sources to promote muscle retention in geriatric individuals.

Principal Undergraduate Researcher — **June – August 2018**
UNH McNair Scholars Program, University of New Hampshire
Faculty Advisor: Dain P. LaRoche, Ph.D., UNH Department of Kinesiology

- Synthesized, developed, and conducted a research study investigating the influence of muscle-tendon unit passive-elastic properties on muscle strength, power, and vertical jump performance.
- Composed a research grant and IRB proposal to secure funding ($3,900) to conduct ethical research involving human participants.

Research Assistant — **October 2017 – May 2019**
Department of Kinesiology, University of New Hampshire
NSF Award: 1830597
Robust Learning of Sequential Motion from Human Demonstrations to Enable Robot-Guided Exercise Training
Faculty Advisors: Momotaz Begum, Ph.D. and Dain P. LaRoche, Ph.D

- Analyzed shoulder kinematics using a 2D video camera and 12-camera, 3D motion capture system (Qualisys) during therapeutic shoulder exercises to test the kinematic fidelity between exercises demonstrated by a therapist and mirrored by patients.

CONFERENCE PRESENTATIONS

1. Gesel, F. April 2020. *Supplementation of a Leucine-Enriched Dairy Protein Blend: Effect on Plasma Amino Acids in Older Adults.* Grimes Undergraduate Research Competition, Durham, New Hampshire.
2. Gesel, F. November 2018. *Effect of Static and Ballistic Stretching on Muscle-Tendon Unit Stiffness, Work Absorption, Strength, and Power.* New England American College of Sports Medicine Fall Conference, "Alpha to Omega: Human Performance Across the Lifespan," Providence, Rhode Island.
3. Gesel, F. July 2018. *Effect of Static and Ballistic Stretching on Muscle-Tendon Unit Stiffness, Work Absorption, Strength, and Power.* UCLA National McNair Scholars Conference, Los Angeles, California.
4. Gesel, F. June 2018. *Effect of Muscle-Tendon Unit Passive Material Properties on Maximal Muscle Strength and Power.* SAEOPP McNair/SSS Scholars Research Conference, Atlanta, Georgia

PUBLICATIONS

1. **Gesel FJ**, Morenz EK, Cleary CJ, LaRoche DP. Acute Effects of Static and Ballistic Stretching on Muscle-Tendon Unit Stiffness, Work Absorption, Strength, Power, and Vertical Jump Performance. *Journal of Strength and Conditioning Research*, November 2020. DOI: 10.1519/JSC.0000000000003894
2. LaRoche DP, Begum M, Gesel P, Arthanat S. Bandera, VM, **Gesel FJ**, Girouard LM, Mayer, SM, Poirier CL, Surman BM. Quantifying Kinematic Fidelity Of Demonstrated Therapeutic Shoulder Exercises Between Therapist And Patient, *Medicine & Science in Sports & Exercise, (2020)*. Volume 52 - Issue 7S - p 273-274 DOI: 10.1249/01.mss.0000676536.62673.1f

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3. Daniel TA, Kamal M, Nunes EA, Prior T, Gorissen SHM, Lees M, **Gesel FJ**, Lim C, Phillips SM. Consumption of High-Leucine-Containing Protein Bar Following Breakfast Impacts Aminoacidemia and Subjective Appetite in Older Persons, *Current Developments in Nutrition*, Volume 5, Issue 6, June 2021. DOI: https://doi.org/10.1093/cdn/nzab080

PROFESSIONAL EXPERIENCE

Group Exercise Instructor — **September 2020 – Current**
Town of Lancaster, Colonel Town Recreation
- Design and lead a community group exercise class for senior individuals (≥ 65 years of age) bringing in 20-40 attendees on a weekly basis with the goal of increasing strength, endurance, balance, mobility, and providing opportunity for socialization.

Youth Group Coordinator — **September 2020 – Spring 2021**
Gate of Heaven Parish, Lancaster, NH
- Supervised and coordinated activities and events for youth ages 8-18 within the parish with the intent to create a fun-spirited community for the youth and provide opportunity for socialization.
- Developed and managed documentation in accordance with regulations of the Catholic Church Diocese of Manchester and obtained parental consent to ensure youth safety.

Personal Trainer — **June – August 2020**
RizFit Fitness Studio, Lancaster NH
- Designed and implemented exercise programs to enhance muscular strength, endurance, flexibility, body composition, and cardiorespiratory endurance to diverse clientele, ranging from seniors to young athletes.
- Facilitated healthful lifestyle modifications by educating clients on the interaction of exercise, nutrition, and environment on health outcomes.

LEADERSHIP & VOLUNTEER EXPERIENCE

Lector & Server — **January 2014 – Current**
Gate of Heaven Parish, Lancaster, NH
- Proclaim readings and aid the priest deliver weekly Sunday mass to ~ 30–75 parishioners.

Volunteer — **September 2021 – Current**
Caleb Caregivers, Lancaster, NH
- Facilitate independent living for seniors ages 60+ in 8 rural northern NH communities, including Whitefield, Lancaster, Littleton, Dalton, Jefferson, Groveton, Carroll, Bethlehem, and Colebrook, via transportation to medical appointments, assistance with activities of daily living, and commodity food deliveries.

Volunteer — **August 2019 – October 2020**
Weeks Medical Center Rehabilitation Department, Lancaster, NH
- Assisted physical therapists deliver rehabilitation services in an in/outpatient setting.

Volunteer — **August 2020**
Country Village Center Rehabilitation Department, Lancaster, NH
- Aided physical therapists perform therapeutic exercise for senior individuals in an inpatient setting.

Volunteer — **June – August 2019**
The McMaster Physical Activity Centre of Excellence, Hamilton, Ontario, Canada
- Guided senior individuals with chronic conditions (e.g., heart diseases, spinal cord injuries) through exercise programs designed to promote physical fitness and well-being.

Volunteer — **July 2018**
Waysmeet Food Pantry, Durham, NH
- Boosted facility operations by assisting with inventory, distributing food items, and monitoring illicit conduct.

Volunteer — **March – May 2016**
Gate of Heaven Parish, Lancaster, NH
- Served and prepared weekly community dinners every Thursday evening to ~ 20–30 community members.

CERTIFICATIONS

CPR and AED Certified, American Heart Association — **Expires: May 2023**

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Madeline K. Rodgers
[redacted]

Work Experience:

Homecare Provider - Northern Human Services - November 2020 to Present

Support and assist an adult with developmental disabilities in home with daily living skills, health support, medical appointments, and work with them in achieving their goals. Maintain proper documentation in accordance with agency and state guidelines, administer medications in accordance with agency medication administration training, and creats and implement programs and documents to assist with personal goals of the individual served.

Intake Coordinator - North Country Health Consortium - March 2020 to October 2020

Performed intakes into the Residential Program for Substance Misuse at the Friendship House, kept client files organized and up to date, interfaced with clients (both in person and on the phone), parole officers, health care professionals, and members of other agencies as required. Created and maintained digital database of client files per guidance of supervisor in accordance with regulations Adhered to COVID-19 policies and procedures per CDC and agency guidelines.

Impaired Driver Care Management Program Assistant - North Country Health Consortium - April 2019 to March 2020

Perform intakes into the Impaired Driver Care Management Program, keep client files organized and up to date, perform Care Management Calls, and performed other duties as assigned. Interacts with various police, attorneys, and state agencies as required. Helped spearhead the Booster Committee at the Littleton office, member of the Safety Committee, and was certified as a Prime for Life instructor through the Prime for Life program..

Respite Care Provider - 2009 to Present

Support and assist adults with developmental disabilities with daily living skills and work with them toward achieving their goals.

Family Support Specialist/Office Manager -The Family Resource Center at Gorham - August 2018 to April 2019

Work with families to assist with the reunification of parents and children. Perform intake interviews with families, supervise visits, execute parent education curriculum, and document accordingly. Participate in interviews, keep inventory of staff training, keep personnel files up to date, and perform various clerical duties.

Team Leader-Community Support Services - Northern Human Services - August 2016 to July 2018

Supervised six staff members and responsible for day services, residential services, and employment services for fifteen adults with developmental disabilities. Developed and maintained schedules, forms, and training programs. Collaborated with other individuals on the team to ensure meaningful programming. Maintained files, wrote progress notes and did quality reviews of my staff's progress notes, and assisted consumers with their appointments.

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Community Integrator-Community Support Services - Northern Human Services - February 2014 to January 2016

Assisted adults with developmental disabilities with daily living skills in their homes and in the community to support the individuals to continue to live independently. Skills included transportation to and from appointments, grocery stores, and any other errands, teaching and assisting consumers with nutrition, budgeting, and using comparative shopping skills. Also assisted individuals with attending medical appointments, developing and maintaining job skills, cleaning, cooking, and basic skills to maintain their independent living skills.

After-School Program Group Leader at Brown School - Family Resource Center - August 2012 to February 2014

Developed curriculum, lead activities, and supervised children ranging in age from 5 to 8. Other duties included interfacing with parents, general housekeeping, and attending trainings.

Professional Nanny - May 2009 to September 2012

In-home childcare provider for three children. Duties included: transportation, nutrition, and educational assistance. Other duties included up-keep of residence, laundry, and family pet care.

Gorham Community Learning Center - August 2005 to May 2009

Held several positions in my time at the Gorham Community Learning Center. Afterschool Assistant Teacher (2005 – 2007), Toddler Teacher (2007-2008) and Toddler Coordinator (2008 – 2009). Duties included educational assistance, preparing nutritional snacks, assisting in planning daily educational projects. Planned and executed educational field trips to local venues. Supervision of assistant teacher as the Toddler Coordinator also required; developed curriculum and interfaced with parents.

Education:

Currently attending Springfield College School of Continuing and Professional Studies for my Bachelor's Degree in Human Services. Also supplementing in-person classes through White Mountains Community College to add credits toward my Bachelor's Degree through Springfield College.

Additional Qualifications:

Data Entry Contractor - Gorham Family Dentistry - September 2022 to Present

Input patient information into electronic files in compliance with HIPAA and company policies and guidelines. Per diem position.

Gorham Community Learning Center Board of Directors - October 2016 to October 2019

Committee member and eventually Vice-President and then President, of the Board of Directors. Duties included reviewing and presenting policies to board members, organizing and executing fundraisers, performing staff Director evaluations, and other various duties as assigned.

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Executive Director for North Country Health Consortium

LAUREN PEARSON, MSW

[redacted]
WATERFORD, VT

PERSONAL OBJECTIVE

Experienced leader and clinician with a focus in health care administration, integrative healthcare, grants management, and a passion for ensuring that all patients are provided with high-quality clinical care. Seeking a company requiring bold and competent leadership. Bringing a history of success in strategy, operations, team building, and communication to maximize quality healthcare, revenue, productivity, and growth within the service community.

SKILLS & EXPERTISE

- Effective in high-profile executive roles
- Corporate strategy & development specialist
- Consistently deliver mission-critical results
- Healthcare management for community health centers

AWARDS

- LifeSpring Leader of the Year 2018
- Leadership of Southern Indiana Graduate
- Centra Health Legend Award Nominee

EDUCATION

- Master of Social Work (GPA 4.0), Boise State University, Boise, ID
- B.S. Clinical Psychology & Research (GPA 3.58), Liberty University, Lynchburg, VA

RELATED WORK EXPERIENCE

North Country Health Consortium

The North Country Health Consortium (NCHC) is a 501 (c) (3), not-for-profit rural public health network serving Northern Grafton and Coos Counties. NCHC was created in 1997 as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

EXECUTIVE DIRECTOR, OCTOBER 2021 - PRESENT

- Supervise the Senior Leadership Team
- Supervise operational and managerial staff
- Lead quality improvement initiatives
- Create and maintain organizational policies and procedures
- Provide oversight of organization's corporate compliance, risk management, and infection control programs
- Coordinate preparations of operating budgets
- Oversee the funder reporting and data requirements
- Oversight of organization's infection control and emergency management programming
- Facilitate innovative training programs for clinical and support staff

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LifeSpring Health Systems

LifeSpring Health Systems is a 501 (c) (3), not-for-profit Community Mental Health Center and Federally Qualified Health Center serving 11 counties in Southern Indiana. LifeSpring operates two supervised group living homes for adults suffering from severe mental illnesses, developmental problems, and substance abuse. LifeSpring operates 25 facilities across the 11 counties and annually sees over 13,000 individuals.

VICE PRESIDENT FOR PERFORMANCE IMPROVEMENT/CHIEF QUALITY OFFICER, OCTOBER 2019 - PRESENT

- Develop community, state, and national network
- Create and maintain organizational policies and procedures
- Marketing and promotion of organization's services
- Oversight of organization's infection control and emergency management programming
- Facilitate innovative training programs for clinical and support staff

INTEGRATED CARE PROGRAM MANAGER/GRANT MANAGER, FEBRUARY 2017 - OCTOBER 2020

- Develop quality indicator projects around primary healthcare, treatment plans, and prescriber information
- Maintain federal grant reporting and funding databases for quarterly and annual reports
- Consult with physician leadership and clinical care team members to coordinate physical and mental health care
- Cultivate collaborative community outreach on a local, state, and federal level

Centra Health, Inc.

Multi- entity, not-for-profit community-based healthcare and payor system with over $1.2 B in gross annual revenue; comprised of 1000 acute bed/ 5 hospital entity, a LTACH hospital, Home Health/Hospice, 500 bed Long Term Care division comprised of 4 facilities, inpatient and residential psychiatric services, and over 120 remote sites, ACO and insurance plan. Centra serves the city of Lynchburg and surrounding counties with an approximate 600,000 patient population. Recognized as a Magnet hospital, top Cardiology and Orthopedic provider, Stroke Center of Excellence and Beacon Award Winner, Centra lives up to its mission of Excellent Care...Every Time.

CHILD AND ADOLESCENT PSYCHIATRIC TEAM LEAD, AUGUST 2014 - DECEMBER 2016

- Engineer and deliver child and adolescent programming for therapeutic milieu
- Supervise mental health counselors and student interns
- Lead crisis management for patients and unit staff
- Implement behavioral modification programming
- Facilitate programmatic intakes

CLINICAL INFORMATICS SPECIALIST, AUGUST 2014 - DECEMBER 2016

- Analyze Electronic Medical Records for accurate clinical data
- Engineer complex clinical training schedule(s) for the hospital system
- Maintain databases of training compliance for clinical staffs' access to hospital applications

Amherst Baptist Church

YOUTH DIRECTOR, AUGUST 2011 - OCTOBER 2013

- Develop and facilitate community-based programming for at-risk youth
- Maintain databases of community resources and funding
- Establish business model and funding for new community programs
- Provide leadership and support for youth volunteers, annual fund campaign, and board as assigned

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PROFESSIONAL AFFILIATIONS AND AWARDS

- Advisory Board Member: Community Action of Southern Indiana; Jeffersonville, IN
- Breathe Easy Jeffersonville Coalition: Clark Memorial Health; Jeffersonville, IN
- Centra Health Legend Award Nominee: Chosen as a nominee by the management of Centra Health's Child and Adolescent Psychiatry Unit
- Clark County Tobacco Coalition: Clark Memorial Health; Jeffersonville, IN
- Employee of the Month: Selected as employee of the month multiple months by the staff of the Child and Adolescent Psychiatry Unit
- ESL Teacher: Highview Baptist Church; Louisville, KY
- Floyd County Tobacco Coalition: Baptist Health Floyd; New Albany, IN
- Get Healthy, Scott County Coalition: Scott County Partnership; Scottsburg, IN
- Leadership of Southern Indiana 2020: Graduate of Southern Indiana's Elevate Leadership Class
- LifeSpring Leader of the Year Award 2018: Chosen by the staff of LifeSpring Health Systems
- Member of National Association of Community Health Centers Committee Member (NACHC)
- Member of Phi Alpha Phi Honor Society
- Member of Phi Kappa Phi Honor Society of Social Work
- Southern Indiana Crisis Response Team: Jeffersonville Police Department; Jeffersonville, IN
- Trager Institute Optimal Aging Clinic: University of Louisville; Louisville, KY

CERTIFICATIONS

- Adult and Child CPR/AED: American Red Cross; Washington D.C.
- ASIST Master Trainer: LivingWorks; Fayetteville, North Carolina
- Assisting Individuals in Crisis: International Critical Incident Stress Foundation, Inc.; Ellicott City, MD Basic
- Certification in Quality and Safety: Institute for Healthcare Improvement; Boston, MA
- Building Resilience for Individuals through Trauma Education: National Council for Behavioral Health; Washington D.C.
- Group Crisis Interventions: International Critical Incident Stress Foundation, Inc.; Ellicott City, MD
- Mental Health First Aid: National Council for Behavioral Health; Washington D.C.
- Microclinic Program Facilitator: University of Louisville; Louisville, KY
- QPR Suicide Prevention Gatekeeper: QPR Institute; Spokane, WA
- STAR Behavioral Health Provider Trainer: STAR Behavioral Health Provider; Fishers, Indiana
- Suicide to Hope: LivingWorks; Fayetteville, North Carolina
- Whole Health Action Management Facilitator: National Council for Behavioral Health; Washington

LIFESPRING COMMITTEE INVOLVEMENT

- Electronic Medical Record (EMR) Improvement Committee
- Executive Management Team Meetings
- Federally Qualified Health Center Quality Assurance Committee
- Inclusion Committee
- Infection Control Committee, Co-chair
- Performance Improvement Committee (PIC), Chair
- Rural Health Committee, Chair
- Safety Committee
- Strategic Planning Committee
- Trauma-Informed Care Committee, Chair
- Wellness Committee, Co-Chair

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Alice Hall Claflin

[redacted] [redacted] [redacted]

Profile: Financial management and accounting professional with 30+ years of experience helping both non-profit and financial institutions effectively serve the interests of their constituents and shareholders.

Core Competencies:
- Cash Flow, Budget and Asset Management
- Grantor/Donor, Statutory and Policy Compliance
- Process and Systems Assessment to identify risks/efficiencies
- Staff Development and Retention
- Problem Solving and Crisis Management

Technical Skills: Blackbaud Financial Edge/Raisers Edge (fund accounting/database) SunGard AddVantage (trust accounting), SAP Business Objects (reporting), IconCMO (fund accounting/database), MIP (fund accounting), QuickBooks, Microsoft Office suite.

Not-for Profit Experience:

North Country Health Consortium, Littleton, NH — Jan 2022 – Present
Public health collaboration, advocacy, and services
Finance Director
Oversight of day-to-day financial activity for multi-program/multi grant institution. Responsible for day-to-day financial operations, including general accounting, internal and external financial reporting, external audits, cash management, GL account reconciliations, federal grant management, preparation of complete and accurate financial information/records, risk management, ongoing review of policies, procedures and accounting software. Working closely with senior management and program team, responsible for annual budget development and monitoring. Work with ED and Board to ensure financial sustainability. Supervise finance department staff.

Fairbanks Museum & Planetarium, St. Johnsbury, VT — Mar 2020 – Dec 2021
Natural science museum and education
Director of Finance/Business Manager (part-time)
Oversight of day-to-day financial activity for multi-program institution: Supervise Financial and Grants Administrator. Responsible for day-to-day financial operations, including general accounting, internal and external financial reporting, internal and external audits, cash management, GL account reconciliations, federal grant management, and the preparation of complete and accurate financial information/records. Working closely with staff, responsible for annual budget development and monitoring. Supervise and mentor Finance Administrator.

Vermont Council on the Arts, Inc., Montpelier, VT — Jul 2017 – Oct 2020
Independent nonprofit, designated Vermont State Arts agency.
Finance Director (part time)
Responsible for day-to-day financial operations, including general accounting, internal and external financial reporting, internal and external audits, cash management, GL account reconciliations, fixed assets, implementation and maintenance of accounting systems and the preparation of complete and accurate financial information/records. Working closely with staff, responsible for annual budget development and monitoring. With the Executive Director, set the financial policy direction of the Arts Council. Work closely with Finance Committee to ensure the organizations overall financial sustainability. Supervise and mentor Financial Administrator.

CFO-to-Go, Sugar Hill, NH — Mar 2015 - present
Self-employed, Consultant to not-for-profit and faith-based organizations
Work with Boards and staff of small-to-mid-sized organizations to strengthen financial management and reporting practices. Focus is to improve efficiency, transparency and accountability. Client-specific engagements entail review and analysis of financial staffing, systems, and policies/procedures; providing short-term bookkeeping, accounting and financial report preparation; grant reporting, hiring of internal/external financial staff; budget preparation and review; insurance and investment review and recommendations; improving Board and staff financial literacy.

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Gilman Housing Trust, Inc., Newport, VT — Sep 1994 – Oct 1998
Affordable housing development, management, and lending organization.
Accounting/Finance Manager
Responsible for day-to-day financial activity: A/R, A/P, payroll, bank reconciliation, budget preparation and monitoring, monthly financials for ED and Board, quarterly reports to major funding sources, and grant funding compliance. Prepared company and housing partnership financials for annual audits. Managed all fiduciary property management responsibilities including: replacement reserve funding, capital needs assessment, insurance, tax credit compliance and reporting. .

Trust & Banking Experience:

Community Financial Services Group, LLC, Newport, VT — Jun 2006 – Oct 2013
Trust and investment management affiliate of Community National Bank (Derby, VT), National Bank of Middlebury (Middlebury, VT) and Woodsville Guaranty Savings Bank (Woodsville, NH) with AUM of $425MM.
Trust Investment and Risk Management Officer
Monitored and maintained full investment of 900+ separately managed trust/client accounts to target objectives. Collaborated with business development Officers and external Investment Advisors on security selection and client-centric portfolio construction. Developed network of executing brokers and assessed relationships annually. Chaired Trust Investment Committee and led monthly account reviews. Responsible for process and oversight of annual regulatory compliance reviews of all accounts, reporting exceptions to Board of Trustees. Developed and monitored Policies and Procedures firm wide. Trained and supervised investment administrative staff.

Union Bank, St. Johnsbury, VT — Apr 2002 – Mar 2006
Regional community bank with $75MM in assets under management.
Trust Officer
Managed and administered $28MM trust account portfolio of irrevocable and testamentary trusts, agency accounts, institutional endowments, estates, and municipal pension plan. As Acting Managing Trust Officer during 2003 FDIC examination, responsible for all preparation and oversight of successful trust department exam.

Lyndonville Savings Bank & Trust, Lyndonville, VT — Nov 1998 – Dec 2000
Community bank.
Deposit Operations Supervisor
Supervised Bookkeeping, Proof and Data Entry staff of 11. Responsible for check clearing and collections, overdrafts, FEDWIRE, ACH, ATM/POS clearing, and new deposit product implementation. Assisted with EDP functions. Liaison between Deposit Operations and Branch staff.

Brokerage Experience:

Equity Services Inc., Montpelier, VT — Jun 2001 - Mar 2002
Brokerage subsidiary of National Life of Vermont insurance company.
Brokerage Representative
Provided brokerage services to National Life field reps and customers, which included trade execution, incoming/outgoing security transfers, new account processing, and cashiering.

Merrill Lynch & Co., New York, NY — Oct 1980 – Sep 1989
International brokerage firm. (Merrill Lynch Futures, Broadcort Capital Corp)
Client Service Representative – Commodity Futures
Relationship manager for 15+ international trading/financial institutions (including UBS Securities, Goldman Sachs, Morgan Guaranty Bank) in 24-hour futures trading unit. Executed trade orders, verified trades, handled out-trade reconciliation, daily margining, daily funds transfer, futures v. cash deliveries, and rebates to executing brokers. Responsible for regulatory documentation and compliance.

Education & Training:

BA Economics and Government, Smith College, Northampton, MA — 1979
Boston University: *Accelerated Financial Planning* course (2014-2015)
Cannon Financial Institute: *Trust I* (2003), *Trust II* (2004), *Trust Investment & Sales* (2005)
Lyndon State College, *Intermediate Accounting II* (2001)

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Kristen G. van Bergen-Buteau, CPHQ
[redacted]

OBJECTIVE

To serve as a leader within the community, with a focus on improving the quality of healthcare and education for North Country residents.

EDUCATION

2020 – 2022 University of New Hampshire, Master of Arts, Community Development Policy & Practice
2016 – Present Neil & Louise Tillotson Fund's Community Practitioners' Network & Community Weave Team
1997 – 2000 USNH College for Lifelong Learning, Bachelor of Science, Behavioral Science
1998 – 1999 International 4-H Youth Exchange Delegate to the Netherlands (June 1998 - March 1999)
1994 – 1997 University of New Hampshire Bachelor of Science general studies
1991 – 1994 White Mountains Regional High School, Salutatorian

CERTIFICATIONS

2008 – Present Certified Professional in Healthcare Quality (CPHQ)

WORK EXPERIENCE

2019 – Present Director of Workforce Development & Public Health Programs, North Country Health Consortium

- Senior Program Manager, June 202 - March 2021
- IDN Program Manager, Feb 2019 - June 2020
- Overall program management for the Integrated Delivery Network (IDN), Northern NH Area Health Education Center (NNH AHEC), and North Country Public Health Network (NC PHN) programs, including budgets, funding process, development and submission of all required program reports, and partner agreements to ensure program deliverables are completed
- Supervise IDN, NNH AHEC and NC PHN program staff; participate in NCHC leadership meetings
- Evaluate and assess program strengths, identify areas for improvement and implement interventions to ensure that program goals are achieved
- Operationalize project plan to ensure timely achievement of deliverables and milestones
- Foster partner engagement to build upon the successful innovative collaboration to improve the health status of the region
- Build positive relations within the team and external parties by keeping all stakeholders up-to-date with relevant project information, communicating to ensure maximum efficiency and participating as a team member to complete program deliverables
- Coordinate with staff from other NCHC program areas to ensure collaborative opportunities are identified and regional progress is reflected in program reports

2020 – Present Community Weaver, Niel & Louise Tillotson Fund Relief & Resiliency Program

- Collaboration in genuine solidarity with partners in Coös County and bordering communities in NH to build community and support a more resilient, prosperous region during and after the COVID-19 pandemic, with a focus on community resilience-building and related innovation
- Participation in the design of this new program, including the clarification of desired outcomes to the work, and development of funding recommendations to the Tillotson Fund Advisors
- Development of a thought partnership with a range of local community builders through which input is gathered informally and formally from across the region, creating solutions to problems and taking calculated risks in the name of achieving specific outcomes
- Improvement of connections that serve the region, including identification of adaptations that have resulted from the COVID-19 pandemic which should be sustained because they hold promise for providing critical community services and building long-term resilience
- Participation in learning exchanges to better understand approaches that accelerate and deepen community resilience and how existing power structures reinforce an imbalance of wealth and

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opportunity in the region, leveraging the learning to inform the Fund's strategic planning process
- Evaluation and assessment of program strengths, identification of areas for improvement and implementation of interventions to ensure that program goals are achieved

2009 – 2019 Assistant Director, Quality Services, Littleton Regional Healthcare
- Provided day-to-day operational oversight for the Quality Services Department, including budgeting, management of personnel and delegation of tasks
- Oversaw and coordinated facility programs for Risk Management, Corporate Compliance, Patient Safety, Quality Improvement, Patient Relations, Customer Service, survey readiness activities for state and federal licensing activities
- Chair, Ethics Committee
- Coordinator, LRH Family Support Team
- Facilitated North Country Transitions In Care team monthly meetings
- Represented LRH at North Country Healthcare workgroups for Quality, Compliance, Risk Management and Privacy
- Served as facility point of contact for population health initiatives, including Accountable Care Organization, Integrated Delivery Network and Community Care Organization work
- Assisted in the implementation of leadership and cultural development programs
- Provided orientation to LRH culture to all new hires for the organization

2005 – 2009 Data Specialist & Executive Administrative Support, Quality Services, Littleton Regional Hospital
- Provided executive support to the Chief Administrative Officer/Chief Nursing Officer and CEO
- Assisted in coordination, development, implementation, continuation and follow-up of projects developed by Quality Services and Department Leaders, including the coordination of data collection, analysis and reporting for identified quality improvement initiatives

2003 – 2005 Training and QA Staff Coordinator, Patient Access Services, Littleton Regional Hospital

2002 – 2003 Emergency Department Registrar, Littleton Regional Hospital

1999 – 2000 Clinical Lab Clerk, Weeks Medical Center

1997 – 1999 Cashier, Rite Aid Corporation
- Junior Level Management (Key Cashier) promotion 12/97

1995 – 1997 Resident Advisor, UNH Department of Residential Life, Durham, NH,

1992 – 1997 McDonald's Restaurant, Lancaster, NH
- Member of the Customer Service Committee 1993 - 1994

VOLUNTEER/COMMUNITY SERVICE EXPERIENCE

2021– Present North Country Advisory Council, CASA New Hampshire

2019 – Present Girl Scouts USA
- Co-Leader, Troop 63202
- Parent Volunteer, Troop 30356

2018 – Present SAU 36 School Board Member, Lancaster Representative
- Educational Programming & Curriculum Committee
- Policy Committee
- Strategic Planning Committee
- Personnel Committee
- Apportionment Committee

2017 – Present Scouting BSA Troop 219, Lancaster NH
- Troop Committee Member
- Advancement Coordinator
- Merit Badge Counselor

2015 – 2016 Member, SAU 36 Ad Hoc Strategic Planning Committee

2012 – 2017 Hospice volunteer for North Country Home Health & Hospice Agency

2009 – 2020 Member, Littleton Regional Healthcare Family Support Team

2007 – 2020 Member, Weeks Medical Center Family Support Team

REFERENCES - Available upon request

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Annette Carbonneau

[redacted]

Work History:

North Country Health Consortium- 262 Cottage St., Suite 230, Littleton, NH 03561
February 2017- Present
June 2021- Director- Community Health Worker (CHW) Programs
(Senior Program Manager 2020-June 2021)

- Direct and oversee the NCHC CHW programs serving Northern Grafton, Coos, and Carroll Counties
- Program development and management: Ways2Wellness Connect, Wellness And Recovery Model (WARM), WARM4Women (W4W) and AskPETRA.
- Protocol and process creation for CHW services
- Marketing and Outreach for all programs
- Website design and creation
- Supervision and training of staff
- Management of training internal and external
- Relationship building with national, state, and local partners.
- Mental Health First Aid Trainer
- CHW Program Trainer
- Reporting- state, IDN and federal
- Evaluation and sustainability
- Technical assistance to the NH CHW Coalition, including spearheading the outreach and education on CHW Certification.
- Presentations at state and national conferences on CHW related topics and programs
- Representing NCHC statewide

Program Manager - Student Assistant Program (SAP)

- Contract management
- Supervision and professional development of Student Assistance Professionals in eight SAUs Project Success program implementation
- Reporting

IDN Region 7 Project Manager

- Development of initiatives
- Reporting

NAMI NH National Alliance on Mental Illness – 85 North State Street, Concord, NH 03301
June 2015 to January 2016 Director of Adult and Family Programs
June 2011 to 2015 Manager, Grant Operations
June 2004 – June 2011 Community and Volunteer Developer

- Grant and Project Management and oversight including reporting, supervision of grant staff.
- Management of Family Mutual Support State contract that provided funding for all of NAMI NH's core programs.
- Volunteer Recruitment and Development

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- Provided training and presentations on topics such as: Public Policy, Advocacy, "Life Interrupted" Family speakers program, Mental Health First Aid, Family-to-Family Educational Course, Interacting with People with Mental Illness.
- Oversight and management of content for NAMI NH's Social Media tools, including 5 Facebook pages, Blog, bi-monthly Enews and twitter.
- Management of NAMI NH website content, including videos and webinar production.
- Management of grants and projects for specific populations and topics including: Veterans and Military Families, Supported Employment, support, education and outreach to Coos County communities through Tillotson funding, Membership and outreach project funded by NAMI National, Seacoast Women's Giving Circle project to create awareness and promote advocacy around mental health.
- Active participation in NAMI NH's Public Policy priorities- State and Federal Legislation, includes serving on the NAMI NH Public Policy Committee.
- Direct responsibility for management, recruitment, and technical assistance to 19 NAMI NH Affiliates.
- Negotiate and deliver training contracts.
- Served on the Mental Health Planning and Advisory Council (MHPAC). The State is required to have a mental health planning council, which includes consumers of mental health services and family members, as well as service providers and State officials, to review the State Plan and the implementation of the Plan. Also, served on the Medical Care Advisory Committee (MCAC) a public advisory group to advise the State Medicaid Director regarding New Hampshire Medicaid policy and planning.
- Strategic planning

PK's Garden Center – 607 Amherst Street, Nashua, NH
03063 October 1986 - November 2003 General Manager

- Management of all operations.
- Financial analysis of all aspects of the company
- Responsible for all employee policies and procedures, 70 employees.
- Monitored and directed all purchasing.
- Advertising and Marketing

Designs by Annette – 9 Cassandra Lane, Nashua, NH
03060 March 1987 - May 1996
Sole Proprietor of a Landscape Design and Consultation Business.

Accomplishments and Training:

NAMI Family to Family Educational Course
December 2000 – completed the NAMI Family-to-Family 12-week education course on mental illness, with topics including brain biology, mental illnesses, coping skills, communication skills, empathy, and support systems.

Certified NAMI NH Support Group Facilitator
January 2001 – 2015 Started and facilitated a NAMI NH family support group in Littleton, NH. This group still meets and offers support and education to families affected by mental illness.

NH State NAMI Support Group Facilitator Trainer
April 2001 – completed the NAMI National Support Group Facilitator Trainer training in St. Louis to become the first NAMI NH State Support Group Facilitator trainer.

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"Visions for Tomorrow" Teacher
August 2003 – completed the training and became qualified to teach the Visions for Tomorrow Educational Course for parents with children with serious emotional disorders.

"Life Interrupted" Family Speakers Program
January 2006 – developed and published the "Life Interrupted" Family Speakers training program.

NAMI NH Public Policy/Advocacy Training
August 2008 – developed the NAMI NH Public Policy training program.

"Family to Family" Educational Program Certified Teacher
January 2011 - completed F2F teacher training and became qualified to teach Family to Family.

Certified Adult Mental Health First Aid Trainer
July 2013- Present certification also in Veterans Mental Health First Aid and First Responder's Mental Health First Aid

Project Success Program Training
June 2017- Completed program training in the Project Success School Counseling program

Prime for Life Trainer
October 2017- Completed training for the Prime for Life program

Tillotson Leadership Series participant

2014 Awards-
Eric Cogswell Memorial Award -Given to recipients who "provide hope, education and/or support" for those living with mental illness.

NH Psychological Association - Recognition for the creation of the Life Interrupted Speakers Program

2020 Award-
NH Community Health Worker Stakeholder of the Year Award

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Anna Shum

Qualifications Profile

Communications: Clearly deliver health and medical information with command of plain language and health literacy principals, health communication theory, and research methodology.

Technical Proficiencies: Solid command of Microsoft Office Suite, Survey Monkey, Constant Contact, and social media platforms.

Relevant Experience/Projects

Communications & Marketing Coordinator 2016- Present
North Country Health Consortium, Littleton, NH

- Manage and facilitate NCHC programmatic website updates, social media sites, implementing and sustaining strategic plan for marketing and communications, and community relations.
- Coordinate with program and other staff to prepare outreach/marketing copy, materials, and documents including pamphlets, newsletters, letters, brochures, flyers, and advertisements.
- Participate in development of projects, grant applications, and reports to funding agencies and other interested parties.
- Assume Public Information Officer (PIO) role for the North Country Regional Public Health Network; provide public information and risk communication during COVID-19 pandemic to Northern NH Public Health Network partners and community members.

Health Communication Graduate Consultant: 2012-2013
Skydive New England (SNE), Lebanon, ME

- Conceptualized and spearheaded pre-participation screening procedures for the benefit of skydiving instructor staff and SNE students.
- Prepared review of literature and conducted focus groups, online surveys, and telephone interviews with SNE staff and students to serve as needs-assessments for proposed programming.
- Produced a manual to guide users through pre-participation screening procedures.

Technical Writer Intern: 2010-2011
Procor, Lown Cardiovascular Research Foundation, Brookline, MA

- Synthesized technical reports, on implementation of a global strategy to fight cardiovascular disease, into advocacy material to be used for a United Nations high-level summit on non-communicable diseases.
- Prepared cardiovascular disease prevention news updates using Procor's style guide, posting to the organization's website and listserv.

Freelance Copywriter: 2009-2010
Catalyst, Framingham, MA

- Authored marketing content covering multiple industries and applications.
- Produced website content for a startup technology-based publishing consultancy.

Education

EMERSON COLLEGE, IN COLLABORATION WITH TUFTS UNIVERSITY SCHOOL OF MEDICINE, Boston, MA
M.A. in Health Communication
Coursework included: Health Communication Theory, Research Methodology, Writing for Health & Medicine, Marketing Communication, Health Literacy, Epidemiology & Biostatistics

COLBY COLLEGE, Waterville, ME
B.A. in English
Graduated Magna cum Laude

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CAROL **HEMENWAY, aPHR**

[redacted]

EXPERIENCE

JUNE 2020 – Present

ADMINISTRATIVE/HUMAN RESOURCE COORDINATOR/SUPERVISOR

North Country Health Consortium — Littleton, NH

Responsibilities include payroll, benefit management, file/audit management, employee appreciation, safety coordinator duties, and providing administrative support to Senior management team and Board of Directors.

JUNE 2010 – May 2019

EXECUTIVE ASSISTANT TO CEO & SENIOR LEADERSHIP TEAM

Ammonoosuc Community Health Services — Littleton, NH

Provide daily support to the CEO, and other members of the SLT. In this position I also served as liaison/assistant to the Board of Directors. Maintained calendar for the CEO, arranged all travel for CEO and SLT members. Responsibilities included: assisting HR with open enrollment, facilitating new provider hires, community outreach programs, employee recognition events, business after hours, tracking and providing support for provider peer reviews, providing assistance with HRSA and other state/federal grants, preparing meeting minutes for all Board of the Whole and Board Committee meetings, and providing orientation support to incoming Board members.

SEPTEMBER 2006 – DECEMBER 2009

ADMINISTRATIVE ASSISTANT, HORIZONS ENGINEERING, PLLC — Littleton, NH

Administrative assistant at this environmental engineering firm providing support to a variety of environmental professionals including wetland scientists, Professional Engineers, land surveyors, and environmental scientists.

2000 – 2006

LEAD RECEPTIONIST/PATIENT ADVOCATE, SUMMIT MEDICAL GROUP — Littleton, NH

1992 – 1998

BOOKKEEPER, THE MILL AT LOON MOUNTAIN — Lincoln, NH

1987 – 1992

BOOKKEEPER, EASTERN SLOPE INN — North Conway, NH

EDUCATION

WHITE MOUNTAIN COMMUNITY COLLEGE

SKILLS

- Proficient with MS Office Suite
- Proficient in Survey Monkey, Doodle, PolicyStat, BoardPaq

Personal Interests: Enjoy cooking, reading, paddle boarding, hiking, traveling, skiing, and snowshoeing. Serve as a Volunteer Mountain Host at Bretton Woods Ski Resort; and current Board Secretary of North Country Toastmasters.

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Bob Thompson

Email [redacted]
Address [redacted]
Phone [redacted]

Objective

Continue pursuing a career in the education, substance misuse prevention, and behavioral health fields that improves the lives of others, provides professional fulfillment, and is compatible with personal lifestyle interests.

Experience

Senior Program Manager

North Country Health Consortium
Littleton, NH
September 2019 - Present

Responsible for all management and oversight responsibilities associated with the Consortium's Substance Misuse Portfolio.

Director, Office of Student Wellness

Berlin Public Schools
Berlin, NH
April 2015 - September 2019

Manage SAMHSA funded Project AWARE, Systems of Care Wraparound Services, and Restorative Justice grant programs. Direct all Office of Student Wellness related activities.

Program Manager

North Country Health Consortium
Littleton, NH
March 2007 - April 2015

Responsible for all management level responsibilities associated with the Consortium's Substance Misuse Prevention portfolio.

Programs Manager

Tri-County Community Action Programs
Alcohol and Other Drug Division
Berlin, NH
October-1997 - March-2007

Managed all Impaired Driver Intervention Programs; developed and managed *Adolescent Substance Abuse Prevention (ASAP)* program in Carroll, Coos, and northern Grafton County district courts.

Education

Bachelor of Science

San Diego State University -1979

Major: Geography/Environmental Studies
Minor: Biology/Conservation

Master of Science

Granite State College - 2014

Leadership/Project Management

Skills and Credentials

Certified Prevention Specialist, 2012 - present; Positive Behavioral Interventions and Supports Trained Trainer Program at University of Connecticut, 2016-17; Board Certified Behavioral Analyst education program, Florida Institute of Technology 2017; Selectman, Town of Jackson, 2012 – 2019.

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New Hampshire Training Institute on Addictive Disorders

This certificate and 28.5 contact hours is awarded to:

BOB THOMPSON

For completion of the learning experience entitled:

23.5 hour In-Person Training hours March 5-8, 2019

Substance Abuse Prevention Skills Training: Building our Behavioral Health Workforce

Plus completion of the 5 hour on-line component, February 25-March 1, 2019:

Introduction to Substance Abuse Prevention: Understanding the Basics

Presenters: Marissa Carlson, CPS & Katy Shea, MPH, CPS

Through the NH Training Institute on Addictive Disorders this 31-hour event is
pre-approved by the NH Board of Licensing for Alcohol & Other Drug Use Professionals
LADC/MLADC Categories of Competence: 13
CRSW Performance Domains: 1 & 3
This workshop meets the CPS Educational Domains: 1-6

March 5-8, 2019
Date

Carrie McFadden, MPH
Training Institute Director
130 Pembroke Road, Suite 100, Concord, NH 03301
603-225-7060 traininginstitute@nhadaca.org

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ANNETTE COLE, RDH, M.S.
[redacted]

EXPERIENCE

2019 – PRESENT
PUBLIC HEALTH PROGRAM MANAGER
NORTH COUNTRY HEALTH CONSORTIUM

- Lead, plan, develop, and promote public health projects, client facing programs and initiatives in public health network including grant writing and comprehensive workplan design.
- Identify programmatic and budgetary priorities to align with program objectives.
- Procurement of professional contracts to ensure available resources for clinical services and to maximize operational and financial performance of grant-funded programs.
- Monitoring of budgets and action plans to ensure proper personnel, facilities, and supplies meet grant/contract deliverables and reporting requirements.
- Collaboration with regional, state, local agencies, and health organizations to develop, extend, and improve public health initiatives, programs, systems, and infrastructure.
- Engage community stakeholders in strategic planning for health promotion programs.
- Facilitate regional workgroups and implementation teams.
- Manage medical volunteer unit, responsible for year-round recruitment, credentialing, retention, engagement, training, and deployment of volunteer team.
- Comprehensive grant reporting in multiple, simultaneously operating program areas.

2016 – 2019
PROGRAM MANAGER/DENTAL HYGIENIST
NORTH COUNTRY HEALTH CONSORTIUM

- Management of public health dental program and staff to ensure compliance with care standards and quality performance indicators.
- Oversight of dental insurance and Medicaid billing; compliance with state, federal and organizational policy guidelines
- Interpretation of ADA forms, explanation of benefits documents, dental claims and collaboration with finance team and dental director to coordinate appeals process
- Development of oral health outreach initiatives and curriculum as part of community health improvement plan including workplace wellness and community oral health presentations.
- Partnership building with administrators of health centers, nursing homes and schools to support sustainability of public health dental program.
- Coordination of dental clinic daily operations, maintenance of budget, data management, monitoring program metrics, comprehensive grant reporting, program marketing and communications
- Implementation of grant deliverables, monitoring of program delivery, development of program workflow including establishment of patient care coordination program to support completion of treatment plans and specialty care.

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2012 – 2016
CERTIFIED PUBLIC HEALTH DENTAL HYGIENIST
NORTH COUNTRY HEALTH CONSORTIUM

2010 – 2012
REGISTERED DENTAL HYGIENIST/PROGRAM COORDINATOR FOR CONTRACTED PROGRAM
DEPARTMENT OF HEALTH AND HUMAN SERVICES, SUBCONTRACTOR

EDUCATION

MASTER OF SCIENCE, MANAGEMENT, GRANITE STATE COLLEGE

BACHELOR OF SCIENCE, HEALTHCARE MANAGEMENT, GRANITE STATE COLLEGE

ASSOCIATE OF SCIENCE, DENTAL HYGIENE, NH TECHNICAL INSTITUTE

CERTIFICATIONS

- Connect Suicide Prevention, National Alliance on Mental Illness
- Motivational Interviewing, Health Education & Training Institute
- FEMA Incident Command Systems, ics-700, ics-100
- Vaccine Management Training, CDC, and NH Immunization Program
- Certified Applications Counselor, NH federally Facilitated Insurance Marketplace
- Certified public health dental hygienist, NH Technical Institute
- CPR/BLS, American Heart Association

TECHNICAL SKILLS

- Proficient with Microsoft Office Suite, Sharepoint, Office 365, Softdent, Eaglesoft, Dentrix, Moodle, Adobe, and social media platforms
- Effective communicator demonstrating high level of cultural competency
- Experienced public health speaker/presenter
- Training and project plan creation, implementation, and evaluation skills
- Project and program management experience

ACTIVITIES/VOLUNTEER EXPERIENCE

- CASA New Hampshire Advisory Board
- Community Health Worker Coalition
- Head Start Health Advisory Committee
- NH Oral Health Coalition Steering Committee

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AMBER CULVER

Energetic and eager to learn, with experience in fast paced environments. Excellent time management and easily accommodating to change. Passionate about high quality patient care, and helping patients achieve Healthcare goals and customer satisfaction. Committed to ensuring equitable resources and outcomes for my community.

EXPERIENCE

MARCH 2017 – PRESENT

COMMUNITY HEALTH WORKER, PROGRAM COORDINATOR/SUPERVISOR, WAYS2WELLNESS CONNECT NORTH COUNTRY HEALTH CONSORTIUM

I have many responsibilities within this position at NCHC, only some of which are listed below.

- Administrator for NCHC's electronic record database, Apricot- I manage the HIPAA compliant database where all CHW client records are kept. I create and update forms for 3 different CHW programs and assist teams with any issues within the system.
- Outreach and relationship building with project partners- Ways2Wellness CONNECT works with local hospitals and health centers to provide CHW services to their patients. I help facilitate partner education on the role of CHWs and how our services can benefit their practice. I also help facilitate ongoing communication with these partners to ensure successful relationships.
- Planning, implementing and evaluating activities to meet program grant deliverables- I assist with identifying and implementing strategies that will meet program goals within deadlines.
- Instructor/Course leader- I am an instructor for the NCHC CHW Training, and facilitate logistics for hosting the class which includes marketing, managing registrations, and actually being an instructor. I also am a leader for both the Chronic disease and Chronic Pain self-management programs.
- Staff supervision- I provide direct supervision to two other CHWs, providing one on one support, training, and ensuring team members are compliant with all policies.
- Direct Service- I provide direct services to Ways2Wellness CONNECT clients. Connecting clients to community resources, facilitating coordination of care amongst multiple service providers, providing education to clients on chronic disease self-management techniques, and creating and maintaining trusting and supportive relationships with clients.
- NH CHW Coalition- As of June 2021, I currently serve as Co-Chair of the Coalition. I am responsible for writing and implementing the Coalition's strategic plans, helping to plan and host trainings and events for the statewide membership, and work towards building NH's CHW workforce.
- Former role within NCHC: Molar Express Care Coordinator

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OCTOBER 2011 – MAY 2017

LICENSED NURSING ASSISTANT, RESTORATIVE AIDE, MORRISON NURSING HOME

- Skilled rehabilitation unit- I worked closely with other members of the healthcare team to provide rehabilitative care to residents recovering from injuries, surgeries, or in need of general recovery and strengthening.
- Dementia/memory care unit- I provided a safe and calming environment for residents with impaired cognition. I was responsible for assisting them with all activities of daily living. In an unstable environment, I had to be a friendly, approachable and safe person for these residents.

EDUCATION

2011

CLINICAL CAREER TRAINING

Licensed Nursing Assistant

2008

WHITE MOUNTAINS REGIONAL HIGH SCHOOL

High School Diploma

SKILLS

- Excellent communication skills, both in person and by phone.
- Proficient with virtual platforms such as Zoom, Google Meets, Skype.
- Familiar with Excel, Publisher, PowerPoint and other programs.
- Can effectively use Motivational Interviewing.
- Quick to learn new skills and routines, can adapt to change easily.
- Experience with different Electronic Medical Record databases.
- Enjoy working directly with people, building and maintaining relationships.
- CPR and first aid certified.

ADDITIONAL

Community Health Worker capacity and workforce development has become a passion of mine over the last 4 years. In addition to my roles within NCHC as a CHW and Program Coordinator/Supervisor, I have also taken on an active role within the National Association of Community Health Workers (NACHW). I currently serve on the NACHW Policy Committee, which is group of CHWs and stakeholders that review policies at state and federal levels that involve or impact CHWs. My several roles within NCHC, the NH CHW Coalition, and NACHW have provided me opportunities to build unique and lasting relationships with CHWs and a variety of stakeholders within NH, New England, and across the nation.

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Andrew Charles Brown

Summary

Over 15 years in public-health focused non-profits. Extensive experience in technology management, program evaluation, strategic planning, community organizing and assessment.

Education

1999-2000	Part time school at Community College of Vermont
2000-2002	Full time work on Bachelors degree (Liberal Studies) at Lyndon State College
2002-2004	Completed Bachelors of Arts (Cum Laude) (Political Science) at University of Vermont

Certifications

2015-Present	Prevention Specialist Certificate from NH Prevention Certification Board

Employment

September 2016-Present	Management Information Systems Administrator – North Country Health Consortium *Supports all information technology systems within the organization, providing administration, security and configuration services to NCHC staff and resources. *Works with NCHC Executive Director to set information technology policy and deploy technology resources consistent with organizational strategy.
April 2015-September 2016	North Country Regional Prevention Network Coordinator – North Country Health Consortium *Coordinates strategies designed to reduce substance misuse in the North Country of New Hampshire *Works closely with NCHC Senior Program Manager to ensure effective allocation of resources and maximize strategy effectiveness.
Summer 2009-April 2015	Program Specialist – North Country Health Consortium *Plans, coordinates and manages the use of data, communications and reporting tools and systems to meet NCHC program strategic objectives. *Works with Community Substance Abuse Prevention Programs Manager to coordinate and evaluate the success of program activities

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Spring 2005-Summer 2009	Office System Administrator – North Country Health Consortium *Management of IT resources for the entire company, supervision of IT personnel and management of network-wide installations and rollouts.
Fall 2004-Spring 2005	ParTech System Administrator – North Country Health Consortium *Gained management experience while learning about accountability by managing HelpDesk staff activities while reporting to the ParTech project manager and ParTech board
Spring 2003 – Spring 2004	Helpworks/Factors Helpdesk Staff member – North Country Health Consortium *Worked with System Administrator and other Helpdesk Staff to provide point of contact support to statewide customer base, including work with web development and troubleshooting skills
2002 – 2004	Lab Consultant – Client Information Technology Services Department: University of Vermont *Gained knowledge of how to function as an information technology staff member by solving clients' problems in the computer lab
Summer 2002 – Spring 2003	Technological Consultant – Working with Helpworks/Factors Programs for the North Country Health Consortium *Gained intimate knowledge of the Helpworks/factors programs by working with and creating Helpworks screenings and Factors assessments *Developed ability to work well with coworkers and keep odd hours in order to get the job done

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ZINA SCHMIDT

[redacted]

Healthcare provider looking to advance my career in Public Health

EDUCATION

MAY 2018

HEALTHCARE ADMINISTRATION, SOUTHERN NEW HAMPSHIRE UNIVERSITY

- Bachelor's degree.
- Dean's list one semester
- Graduated Cum Laude
- Member of The National Society of Leadership and Success

MAY 1993

AUTOMOTIVE TECHNOLOGY AND AUTOMOTIVE SERVICE MANAGEMENT, NEW HAMPSHIRE TECHNICAL COLLEGE AT BERLIN (NOW WHITE MOUNTIAN COMMUNITEE COLLEGE)

- 2 Associates Degrees in 5 semesters
- Management and accounting classes

JUNE 1989

HIGH SCHOOL DIPLOMA, LITTLETON HIGH SCHOOL, LITTLETON NH

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EXPERIENCE

DATES FROM APRIL 2021 TO PRESENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS COORDINATOR, NCHC

- Create relationships with partners and stake holders
- Administrator of Covid19 vaccine clinics
- Working with MRC volunteers
- Completing tasks in the PHEP workplan for the state
- Electronic documentation of vaccines administered
- Holding quarterly RCC meetings
- Inventory and handling of supplies
- Attended WEB EOC training
- Attended training for Mass Fatality Plan writing

DATES FROM NOV 2003 TO PRESENT

AEMT/FIRE FIGHTER, TOWN OF LANCASTER

- AEMT responsible for providing care to patients in both 911 calls and transfers.
- Certified level 2 fire fighter with state of NH.
- Responsible for completing state reports for ambulance calls, as well as state fire reports
- Responsible for putting together schedule for transfer crews
- Responsible for preparing fire payroll for town office
- Oversee the explorer program
- Organized weekend training for explorers throughout the state with help of Daniel Webster Council.
- Held position of shift supervisor for many years.
- Responsible for Inventory and ordering of medical supplies.
- Responsible for minor maintenance of fire trucks, equipment and building.
- Wrote disciplinary reports.
- Organized dept events including annual awards banquet.
- CPR/ first aid instructor.
- Car seat tech for 4 years.
- ACLS, BLS and PALS – current
- Sat on interview committee, ensured new hire paperwork was complete as well as state licensure.

DATES FROM 2000 TO 2013

AEMT/FIRE FIGHTER, TOWN OF WHITEFIELD

- Responsible for providing care to patients on emergency calls
- Completing state reports for calls,
- Level 2 fire fighter with state of NH,
- Responsible for preparing EMS payroll and 911 shift schedule
- Earned to position / promotion to Lieutenant
- Responsible for assuring EMS supplies and inventory of both ambulances and fire trucks.
- Participated in the planning and implementing in house and continuing education training
- Participated with updating dept Standard Operating Procedures.
- Organized dept events and functions.
- CPR / first aid instructor.
- Sat on interview committee for new hires

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DATES FROM Nov 1997 – 2003

OWNER/ OPERATOR LICENSED DAY CARE

- Met state licensure requirements
- Responsible for keeping records on each child
- Created and posted balanced menus
- Confidentiality of children's medical information
- Organized activities and outings

SKILLS

- Team Player
- Safety oriented
- Adaptability and flexibility
- Leadership
- Detail oriented
- Proficient with Microsoft Office
- Communication
- Ability to multi-task
- Confidentiality

ACTIVITIES

CPR / First Aid instructor – volunteer my time to teach in the community

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Gregory Williams B.A., CPS, SMPC,COC

EXPERIENCE: **North Country Health Consortium | Littleton , New Hampshire | March 2017 - Present**
Substance Misuse Prevention Coordinator, Continuum of Care Coordinator.

- Covering Northern Grafton County and all of Coos County. Recently passed my CPS certification test- 2-15-20

North Country Charter Academy | Lancaster , New Hampshire | August 2014 - March 2017
High School Teacher

- Help reduce the dropout rate by working with at risk and disadvantaged youth that can not successfully navigate through a traditional high school. Individualize and personalize each student's online high school experience to promote success.

Kaze Martial Arts | Lancaster , New Hampshire | October 2005 - Present
Martial Arts Instructor

- Owner and operator of one of the most successful martial arts schools in the North Country. Giving youth and adults a healthy alternative to substance abuse by mentoring and believing in them. I have interacted with hundreds of individuals in the past 17 years at Kaze Dojo.

Jerry Jam | Bath , New Hampshire | July 2013 - Present
Head of Security

- Keep the peace and help keep safe, the 5 thousand attendees of the Jerry Jam music festival. Hire a staff of 10 peacekeepers to report any problems to the local authorities. Be the liaison between the organizers and the police in Bath and neighboring towns. Because of my reputation and work with law enforcement, I was asked to make sure that both organizers and local municipalities work together to hold a successful event. So far, the past 3 years have been very successful!

Schillings | Littleton , New Hampshire | October 2013 - Present
Event Security Agent

- Make sure patrons are in compliance with NH State liquor laws. Hired to work larger events such as Oktoberfest and New Years.

EDUCATION:
State University of New York at Stony Brook | Stony Brook, New York | August 2015
Bachelor's Degree-Studio Art.

SKILLS:

- Black Belt in 6 different Martial Arts.
- Working artist, currently doing shows in the North Country.

LANGUAGES:
Spanish

REFERENCES: *References are available upon request.*

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CELEBRATING 30 YEARS!

New Hampshire Training Institute on Addictive Disorders

This certificate and 31 contact hours is awarded to:

GREG WILLIAMS

For completion of the learning experience entitled:

26 hour In-Person Training hours November 27-30, 2017

Substance Abuse Prevention Skills Training: Building our Behavioral Health Workforce

Plus completion of the 5 hour on-line component, November 9-24, 2017:

Introduction to Substance Abuse Prevention: Understanding the Basics

Presenters: Marissa Carlson, CPS & Katy Shea, MPH, CPS

Through the NH Training Institute on Addictive Disorders this 31-hour event is
pre-approved by the NH Board of Licensing for Alcohol & Other Drug Use Professionals
LADC/MLADC Categories of Competence: 13
CRSW Performance Domains: 1 & 3
This workshop meets the CPS Educational Discipline for Prevention Practice & Theory

November 27-30, 2017
Date

Corrie McGladdery, MPH
Training Institute Director
130 Pembroke Road, Suite 100, Concord, NH 03301
603-225-7060 traininginstitute@nhadaca.org

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North Country Health Consortium
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Lauren Pearson	Executive Director	$3,770
Alice Claflin	Finance Director	$548
Kris van Bergen	Dir. Workforce Devel & PH Progs	$9,309
Annette Carbonneau	Dir CHW Progs	$1,607
Kathleen Frenette	Finance Manager	$6,773
Anna Shum	Marketing Coordinator	$5,712
Carol Hemenway	Admin/HR Coordinator	$1,059
Bob Thompson	Senior Program Manager	$40,250
Annette Cole	Senior Program Manager	$20,274
Zina Schmidt	PHEP Coordinator	$55,167
Greg Williams	SMPN Coordinator	$67,130
Madeline Rodgers	Program Assistant	$16,848
Drew Brown	Project Evaluator	$7,595
TBD	Community Health Worker	$5,616
Amber Culver	CHW Manager	$1,393
Rebecca Hill-Larsen	Community Health Worker	$17,353
Fran Gesel	Community Health Worker	$28,080
Carolyn Schofield	Community Health Worker	$15,589

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

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,981,720**

***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021
CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022
CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — Award Date: **3/31/2021**

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** **5/17/2021**

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — **Award Date:** 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — Award Date: 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-08)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name North Country Health Consortium		1.4 Contractor Address 262 Cottage Street, Suite 230, Littleton, NH 03561	
1.5 Contractor Phone Number (603) 259-3700	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $768,078
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Lauren Pearson 6/13/2022	Date:	1.12 Name and Title of Contractor Signatory Lauren Pearson Executive Director	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 6/14/2022	Date:	1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 6/15/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS
Date 6/13/2022

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.

Contractor Initials DS
Date 6/13/2022

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 omissions of the

Contractor Initials AP

Date 6/13/2022

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.

Contractor Initials DS

Date 6/13/2022

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Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the North Country region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and Mental Health Services Administration

(SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC,

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.1.1.6. Supporting the Coos County mobile van.

1.2.12.1.1.7. School based vaccination clinics, as requested by the Department.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and

referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their

personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all

	additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining security standards including but not limited to antivirus software, patching and software updates.
1.2.12.5.3.4.	As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.
1.2.12.5.3.5.	As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.
1.2.12.5.3.6.	As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique

unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1:2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics,

including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".

1.2.12.8.2.8.2. Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.12.8.2.8.3. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.

1.2.12.8.2.8.4. Submit a Cold Chain Incident Report along with a Data Logger report to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other

demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine

confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19 vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate

vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics..

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. Training and Technical Assistance Requirements

1.2.13.1. The Contractor shall participate in training and technical assistance as follows:

1.2.13.1.1. Public Health Advisory Council

1.2.13.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.13.1.1.2. Complete a technical assistance needs assessment.

1.2.13.1.2. Public Health Emergency Preparedness

1.2.13.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.13.1.2.2. Complete a technical assistance needs assessment.

1.2.13.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.13.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.13.1.3.1. Attend community of practice meetings and/or activities.

1.2.13.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.13.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.13.1.3.4. Attend additional meetings, conference calls and webinars as required by the Department.

1.2.13.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification

and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.13.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.13.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.6.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.6.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.6.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.6.4. Other information that may be required by federal and state funders during the contract period.

1.3.7. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.7.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.7.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.7.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.7.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.7.5. Potential barriers and solutions identified in the past

quarter for low vaccine uptake in specific communities.

1.3.7.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.7.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.7.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received results disaggregated by the following age ranges:

1.3.7.8.1. 5-11 years old.

1.3.7.8.2. 12-17 years old.

1.3.7.8.3. 18 years and older.

1.3.7.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.7.9.1. 5-11 years old.

1.3.7.9.2. 12-17 years old.

1.3.7.9.3. 18 years and older.

1.3.7.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.7.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.7.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.7.12. Number and percentage of resources provided in a primary language other than English.

1.3.7.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.7.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.7.15. Percentage of clients who identify one or more unmet need.

1.3.7.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.7.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.7.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.7.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.7.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.7.18.3. Number of referrals completed through closed loop referral system.

1.3.7.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.7.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.7.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.7.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.7.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.7.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. Public Health Advisory Council

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to

measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2. Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.

1.4.1.3.1.3. Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.

1.4.1.3.1.4. Increase in resource allocation within the region to address substance misuse issues.

1.4.1.3.1.5. Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.

1.4.1.3.1.6. Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.

1.4.1.3.1.7. As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health (NSDUH), and other identified data sources.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

1.4.5. The Contractor shall participate in meetings with the Department on a monthly basis, or as otherwise requested by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 92% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 8% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses 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. 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.
8. Audits
   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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
Contractor Name: *North Country Health Consortium*
Budget Request for: *Regional Public Health Network*
Budget Period *SFY 23*
Indirect Cost Rate (if applicable) 19.70%

Line Item	COVID Response	Public Health Advisory Council (50% PH-50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	Health Disparities Community Health Worker
1. Salary & Wages	$27,924	$19,415	$46,364	$5,240	$116,325	$15,388	$7,562
2. Fringe Benefits	$6,283	$4,369	$10,432	$1,404	$26,173	$3,462	$1,702
3. Consultants							
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$150	$1	$100	$0	$0	$50	$100
5.(a) Supplies - Educational					$3,000		
5.(b) Supplies - Lab							
5.(c) Supplies - Pharmacy							
5.(d) Supplies - Medical							
5.(e) Supplies Office	$375	$152	$594	$300	$2,236	$494	$1,799
6. Travel	$1,700	$300	$1,750	$300	$3,825	$750	$884
7. Software	$1,640	$1	$1	$60	$2,000	$50	$1
8. (a) Other - Marketing/Communications	$50	$50	$50	$50	$1,000	$700	$500
8. (b) Other - Education and Training		$475			$4,000		
8. (c) Other - Other (specify below)							
Other (Volunteer Liability Insurance)	$750						
Other (Expenses)		$300			$6,092		
Other (please specify)							
Other (please specify)							
9. Subrecipient Contracts	$3,500				$6,000		
Total Direct Costs	$42,372	$25,063	$59,291	$8,354	$170,651	$20,894	$12,548
Total Indirect Costs	$7,628	$4,937	$11,861	$1,646	$32,436	$4,106	$2,452
Subtotals	$50,000	$30,000	$70,952	$10,000	$203,087	$25,000	$15,000
						TOTAL	$404,039

DS
Contractor Initials

Date 6/13/2022

New Hampshire Department of Health and Human Services

Contractor Name: *North Country Health Consortium*

Budget Request for: *Regional Public Health Network*

Budget Period *SFY 24*

Indirect Cost Rate (if applicable) 19.70%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse
1. Salary & Wages	$28,761	$19,740	$45,340	$6,427	$119,814
2. Fringe Benefits	$6,471	$4,442	$10,201	$1,445	$26,958
3. Consultants	$0	$0	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$500	$100	$500	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$2,475
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0
5.(e) Supplies Office	$500	$96	$1,249	$82	$1,302
6. Travel	$1,682	$300	$1,750	$250	$2,980
7. Software	$1,100	$1	$1	$50	$2,030
8. (a) Other - Marketing/Communications	$0	$300	$100	$100	$1,000
8. (b) Other - Education and Training	$0	$100	$249	$0	$2,000
8. (c) Other - Other (specify below)					
Other (Volunteer Liability Insurance)	$750	$0	$0	$0	
Other (Expenses)	$0	$0	$0	$0	$6,092
Other (please specify)	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$2,501	$0	$0	$0	$6,000
Total Direct Costs	$42,265	$25,079	$59,390	$8,354	$170,651
Total Indirect Costs	$7,735	$4,921	$11,562	$1,646	$32,436
Subtotals	**$50,000**	**$30,000**	**$70,952**	**$10,000**	**$203,087**
				TOTAL	**$364,039**

Contractor Initials 03

Date 6/13/2022

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

Vendor Initials DS

Date 6/13/2022

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: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

DS

Vendor Initials

6/13/2022
Date

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials DS AP

Date 6/13/2022

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

DS
Contractor Initials

6/13/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

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: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

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, TitleXIII, 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.

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	North Country Health Consortium
The State	Name of the Contractor
Patricia M. Tilley	Lauren Pearson
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Lauren Pearson
Name of Authorized Representative	Name of Authorized Representative
Director	Executive Director
Title of Authorized Representative	Title of Authorized Representative
6/14/2022	6/13/2022
Date	Date

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: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

Contractor Initials DS
Date 6/13/2022

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: 017711198

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?

   _____ X NO _____ X 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: N/A Amount: N/A

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Initials DS

Date 6/13/2022

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Partnership for Public Health, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $920,204.

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 91% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 9% General funds.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the

fulfillment of this agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, which is attached here to 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 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

1/6/2023
Date

DocuSigned by:
Patricia M. Tilley
Name: Patricia M. Tilley
Title: Director

Partnership for Public Health, Inc.

1/6/2023
Date

DocuSigned by:
Tammy Carmichael
Name: Tammy Carmichael
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

1/6/2023
Date

DocuSigned by:
Robyn Guarino
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:

DocuSign Envelope ID: 59E3D8AF-C140-4C3D-8351-75F7FCCD748C

New Hampshire Department of Health and Human Services	
Contractor Name:	Partnership for Public Health, Inc.
Budget Request for:	Regional Public Health Network
Budget Period	Upon G & C Approval through June 30, 2023
Indirect Cost Rate (If applicable)	

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$23,644	$16,189	$58,882	$8,419	$102,047	$11,748	$8,174	$55,227.09
2. Fringe Benefits	$3,206	$777	$6,387	$690	$31,766	$2,230	$786	$10,132.74
3. Consultants	$148	$767	$1,635	$234	$4,638	$767	$267	$2,672.00
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$367	$317	$627	$48	$1,787	$40	$65	$570.00
5.(a) Supplies - Educational								
5.(b) Supplies - Lab								
5.(c) Supplies - Pharmacy								
5.(d) Supplies - Medical								
5.(e) Supplies Office	$1,500	$339	$430	$39	$3,194	$200	$32	$1,358.97
6. Travel	$520	$250	$415	$367	$2,115	$150	$201	$3,300.00
7. Software	$17	$131	$191	$40	$577	$24	$0	$125.00
8. (a) Other - Marketing/Communications	$1,500	$954	$962	$181	$11,500	$1,455	$48	$7,750.00
8. (b) Other - Education and Training	$2,000	$400	$79	$0	$3,370	$200	$0	$6,200.00
8. (c) Other - Other (Equipment)								$570.00
Current Expense	$668	$1,775	$3,008	$430	$7,133	$533	$473	$1,973.00
Occupancy	$224	$1,486	$3,162	$401	$7,336	$677	$485	$3,721.20
Meeting Expense	$500	$405	$55	$0	$492	$100	$0	$500.00
9. Subrecipient Contracts	$10,000	$2,800	$957	$0	$4,000	$4,000	$2,752	$12,000.00
Total Direct Costs	$44,296	$26,590	$76,770	$8,850	$179,955	$22,124	$13,283	$40,170.17
Total Indirect Costs	$5,704	$3,411	$9,980	$1,151	$23,132	$2,876	$1,717	$65,359.83
Subtotals	$50,000	$30,000	$86,750	$10,000	$203,087	$25,000	$15,000	$105,530.00
							TOTAL	$525,357

Contractor Initials

Date 1/6/2023

DocuSign Envelope ID: 59E3D9AF-C140-4C3D-9351-75F7FCCD746C

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 PARTNERSHIP FOR PUBLIC HEALTH, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 21, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **534847**

Certificate Number: **0005775671**

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 May A.D. 2022.

David M. Scanlan

Secretary of State

DocuSign Envelope ID: 59E3D9AF-C140-4C3D-9351-75F7FCCD746C

CERTIFICATE OF AUTHORITY

I, Trish Stafford 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 as board President of Partnership For Public Health, 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 _October 22, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

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

is duly authorized on behalf of Partnership for Public Health, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: 1·3·2023

Signature of Elected Officer
Name: Trish Stafford
Title: Board of Directors President

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/27/2022

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

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

PRODUCER	CONTACT NAME: Eleanor Spinazzola
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: Eleanorspinazzola@esinsurance.net
INSURED Partnership for Public Health, Inc. 67 Water Street, Suite 105 Laconia NH 03246	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Technology Insurance Co — 42376 INSURER B: Wesco Insurance Co — 25011 INSURER C: Twin City Fire Insuance Co — 29459 INSURER D: United States Fire Insurance Co. — INSURER E: — INSURER F: —

COVERAGES CERTIFICATE NUMBER: CL22122715135 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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			TPP1721339	03/10/2022	03/10/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Professional Liability-	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			TPP1721339	03/10/2022	03/10/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) —	$ $ $ $ $
B	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			WUM1956060	03/10/2022	03/10/2023	EACH OCCURRENCE AGGREGATE —	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		04WECRJ0009	01/01/2023	01/01/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	Accident/Health			US1577905	03/10/2022	03/10/2023		

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

CERTIFICATE HOLDER

State of NH Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Tairby Kennedy

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Partnership for Public Health

Mission Statement

To improve the health and well being of the region through inter-organizational collaboration and community and public health improvement activities

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Partnership for Public Health, Inc.
Formerly known as Lakes Region Partnership for Public Health, Inc.

Financial Statements

With Schedule of Expenditures of Federal Awards

June 30, 2021 and 2020

and

Independent Auditor's Report

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Schedule of Findings and Questioned Costs

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
FORMERLY KNOWN AS LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH
FINANCIAL STATEMENTS
June 30, 2021 and 2020

TABLE OF CONTENTS

	Page(s)
INDEPENDENT AUDITOR'S REPORT	1-2
FINANCIAL STATEMENTS	
Statements of Financial Position	3
Statements of Activities	4
Statement of Functional Expenses - June 30, 2021	5
Statement of Functional Expenses - June 30, 2020	6
Statements of Cash Flows	7
NOTES TO FINANCIAL STATEMENTS	8-16
FEDERAL COMPLIANCE	
SCHEDULE:	
1 Schedule of Expenditures of Federal Awards	17-18
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS	19
Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*	20-21
Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance	22-23
Schedule of Findings and Questioned Costs	24-25

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VACHON CLUKAY & COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Partnership for Public Health, Inc.
Formerly known as Lakes Region Partnership for Public Health, Inc.

Report on the Financial Statements

We have audited the accompanying financial statements of Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards,* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Partnership for Public Health, Inc. as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards,* is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards,* we have also issued our report dated March 3, 2022 on our consideration of Partnership for Public Health, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Partnership for Public Health, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Partnership for Public Health, Inc.'s internal control over financial reporting and compliance.

Vashon Clukay & Company PC

Manchester, New Hampshire
March 3, 2022

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Statements of Financial Position
June 30, 2021 and 2020

	2021	2020
ASSETS		
CURRENT ASSETS:		
Cash	$ 278,600	$ 304,433
Cash, restricted	468,763	1,127,389
Contributions receivable	435,693	247,731
Prepaid expenses	18,468	15,624
TOTAL CURRENT ASSETS	1,201,524	1,695,177
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
	19,071	19,071
Less accumulated depreciation	(18,465)	(18,103)
PROPERTY AND EQUIPMENT, NET	606	968
OTHER NONCURRENT ASSETS:		
Investments	52,268	105,223
Investments, restricted	-	180,584
Investment in LLC	700	968
Deposit	2,981	2,981
TOTAL OTHER NONCURRENT ASSETS	55,949	289,756
TOTAL ASSETS	$ 1,258,079	$ 1,985,901
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	$ 160,626	$ 273,293
Accrued payroll	45,598	47,122
Accrued compensated absences	40,035	34,340
Accrued other expenses	54,458	35,368
Refundable advances from grantors	180,888	811,569
Refundable advance from grantor - SBA	159,170	
Fiduciary funds	2,120	2,120
Current portion of SBA note payable	57,030	95,085
TOTAL CURRENT LIABILITIES	699,925	1,298,897
NONCURRENT LIABILITIES:		
SBA note payable, less current portion	-	121,115
TOTAL NONCURRENT LIABILITIES	-	121,115
TOTAL LIABILITIES	699,925	1,420,012
NET ASSETS:		
Without donor restrictions:		
Undesignated	431,525	368,222
With donor restrictions:		
Purpose restrictions	126,629	197,667
TOTAL NET ASSETS	558,154	565,889
TOTAL LIABILITIES AND NET ASSETS	$ 1,258,079	$ 1,985,901

See notes to financial statements

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Statements of Activities
For the Years Ended June 30, 2021 and 2020

	2021	2020
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS		
SUPPORT AND REVENUE:		
Contributions	$ 9,839	$ 11,461
In-kind support	86,007	50,345
Federal funds	1,520,020	2,140,533
State funds	840,502	1,859,836
Private grants and awards	114,467	42,086
Special events	1,069	1,871
Agent fees	141,195	143,025
Miscellaneous income	900	856
Interest income	6,647	34,876
Net assets released from donor restrictions	125,072	88,970
TOTAL SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS	2,845,718	4,373,859
EXPENSES:		
Program services	2,543,330	4,108,596
Supporting services:		
Management and general	235,187	239,670
Fundraising and development	3,898	8,727
Total supporting services	239,085	248,397
TOTAL EXPENSES	2,782,415	4,356,993
INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	63,303	16,866
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS		
Contributions	31,534	1,355
Federal funds	-	110,904
Private grants and awards	20,500	80,500
Special events	2,000	-
Net assets released from donor restrictions	(125,072)	(88,970)
INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS	(71,038)	103,789
CHANGE IN NET ASSETS	(7,735)	120,655
NET ASSETS, JULY 1	565,889	445,234
NET ASSETS, JUNE 30	$ 558,154	$ 565,889

See notes to financial statements

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2021

	Program Services	Supporting Services: Management and General	Supporting Services: Fundraising	Total Supporting Services	Total Expenses
SALARIES AND RELATED EXPENSES:					
Salaries	$ 718,503	$ 199,600	$ 3,598	$ 203,198	$ 921,701
Employee benefits	79,116	9,072	-	9,072	88,188
Payroll taxes	57,394	16,125	278	16,403	73,797
	855,013	224,797	3,876	228,673	1,083,686
OTHER EXPENSES:					
Contract services	88,811	903	-	903	89,714
Contract and grant subcontractors	1,308,109	75	-	75	1,308,184
Insurance	10,567	2,026	-	2,026	12,593
Fundraising	40	-	-	-	40
Occupancy	64,906	873	-	873	65,779
Operations	57,439	927	16	943	58,382
Supplies	135,722	1,041	-	1,041	136,763
Travel and meetings	21,559	522	-	522	22,081
Miscellaneous	1,164	3,661	6	3,667	4,831
Depreciation	-	362	-	362	362
Total	$ 2,543,330	$ 235,187	$ 3,898	$ 239,085	$ 2,782,415

See notes to financial statements

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Statement of Functional Expenses
For the Year Ended June 30, 2020

	Program Services	Supporting Services: Management and General	Supporting Services: Fundraising	Total Supporting Services	Total Expenses
SALARIES AND RELATED EXPENSES:					
Salaries	$ 758,527	$ 194,131	$ 8,171	$ 202,302	$ 960,829
Employee benefits	84,197	8,754	-	8,754	92,951
Payroll taxes	56,681	13,590	548	14,138	70,819
	899,405	216,475	8,719	225,194	1,124,599
OTHER EXPENSES:					
Contract services	59,894	11,925	-	11,925	71,819
Contract and grant subcontractors	2,905,886	-	-	-	2,905,886
Discretionary funds	3,542	-	-	-	3,542
Insurance	8,227	3,680	-	3,680	11,907
Occupancy	58,512	2,425	-	2,425	60,937
Operations	55,347	1,119	-	1,119	56,466
Supplies	46,237	450	-	450	46,687
Travel and meetings	71,361	1,776	-	1,776	73,137
Miscellaneous	185	1,458	8	1,466	1,651
Depreciation	-	362	-	362	362
Total	$ 4,108,596	$ 239,670	$ 8,727	$ 248,397	$ 4,356,993

See notes to financial statements

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2021 and 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ (7,735)	$ 120,655
Adjustments to Reconcile Change in Net Assets to to Net Cash Used by Operating Activities:		
Depreciation	362	362
Change in assets and liabilities:		
Contracts receivable	(187,962)	(37,492)
Prepaid expenses	(2,844)	(4,456)
Accounts payable	(112,667)	(87,110)
Accrued payroll	(1,524)	5,589
Accrued compensated absences	5,695	3,577
Accrued other expenses	19,090	15,228
Refundable advances from contractors	(630,681)	(2,169,447)
Fiduciary pass-through	-	(1,133)
Net Cash Used by Operating Activities	(918,266)	(2,154,227)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from investments	235,958	129,310
Purchase of investments	(2,151)	(6,861)
Net Cash Provided by Investing Activities	233,807	122,449
CASH FLOWS FROM FINANCING ACTIVITIES:		
Proceeds from note payable	-	216,200
Net Cash Provided for Financing Activities	-	216,200
Net Decrease in Cash	(684,459)	(1,815,578)
Cash, beginning of year	1,431,822	3,247,400
Cash, ending of year	$ 747,363	$ 1,431,822
Supplemental Disclosures:		
Reclassification of SBA note payable to refundable advance - $159,170		
In-kind donations received	86,007	$ 50,345
In-kind expenses	(86,007)	(50,345)
	$ -	$ -

See notes to financial statements

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
FORMERLY KNOWN AS LAKES REGION PARTNERSHIP FOR PUBLIC HEALTH, INC.
NOTES TO FINANCIAL STATEMENTS
For the Years Ended June 30, 2021 and 2020

NOTE 1—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and Purpose

Partnership for Public Health, Inc., formerly known as Lakes Region Partnership for Public Health, Inc., (the Entity) was organized on May 21, 2005 to improve the health and well-being of the Lakes Region through inter-organizational collaboration and community and public health improvement activities.

Accounting Policies

The accounting policies of the Entity conform to accounting principles generally accepted in the United States of America as applicable to nonprofit entities, except as indicated hereafter. The following is a summary of significant accounting policies.

Basis of Presentation

The financial statements have been prepared in accordance with the reporting pronouncements pertaining to Not-for-Profit Entities included within the FASB Accounting Standards Codification. The Entity is required to report information regarding its financial position and activities according to the following net asset classifications:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor or certain grantor restrictions. These net assets may be used at the discretion of management and the Entity's Board of Directors.

Net Assets With Donor Restrictions – Net assets subject to donor or certain grantor imposed restrictions. Some donor imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

Recognition of Donor Restrictions

Contributions are recognized when the donor makes a promise to give to the Entity that is, in substance, unconditional. The Entity reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

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Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand and other cash accounts with a maturity of 90 days or less. For purposes of the Statements of Cash Flows, cash and cash equivalents consist of the following:

	2021	2020
As presented on the Statements of Financial Position -		
Cash	$ 278,600	$ 304,433
Cash, restricted	468,763	1,127,389
	$ 747,363	$ 1,431,822

Restricted Cash and Investments

Restricted cash and investments consist of advanced funding received from the State of New Hampshire for the Integrated Delivery Network (IDN), donor restricted contributions and fiduciary funds.

Investments

Investments, which consist principally of a certificate of deposit with a term of 5 months, is carried at their approximate market value at June 30, 2021.

Property and Equipment

Property and equipment are stated at cost. Donated property and equipment is recorded at fair value determined as of the date of the donation. The Entity's policy is to capitalize expenditures for equipment and major improvements and to charge to operations currently for expenditures which do not extend the lives of related assets in the period incurred. Depreciation is computed using the straight-line method at rates intended to amortize the cost of related assets over their estimated useful lives as follows:

	Years
Leasehold improvements	10-15
Furniture and equipment	5-15

Depreciation expense was $362 for both the years ended June 30, 2021 and 2020.

Compensated Absences

Employees of the Entity working full-time, and part-time employees working at least 20 hours per week, are entitled to paid time off (PTO). PTO is earned from the first day of work. A maximum of 160 hours can be earned based on years of service while 80 hours can be carried over and accumulated to the next year. Accumulated PTO is payable upon termination of employment with proper notice. The Entity accrues accumulated PTO wages accordingly. During fiscal year 2020, due to the pandemic, employees were allowed to carry over an additional 40 hours of accrued PTO. During fiscal year 2021, employees

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were allowed to carryover any hours in excess of the allowed 80 hours with the provision that the hours had to be used by September 30, 2021.

Donated Services, Materials and Facilities

The Entity receives significant volunteer time and efforts. The value of these volunteer efforts, while critical to the success of its mission, is not reflected in the financial statements since it does not meet the criteria necessary for recognition according to generally accepted accounting principles. Donated facilities, supplies, equipment and staff support are recorded as "In-kind" contributions if the services (a) create or enhance nonfinancial assets or (b) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Entity. Donated goods and professional services are recorded as both revenues and expenses at estimated fair value, see Note 11 for additional information.

Functional Allocation of Expenses

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The statement of functional expenses presents the natural classification detail of expenses by function.

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Accordingly, certain indirect costs have been allocated among the programs and supporting services benefited, based primarily on percentage allocations calculated based on hours worked (time and effort). The expenses that are allocated include salaries, payroll taxes, employee benefits, office supplies, fundraising, operations, and insurance, which are all allocated on the basis of time and effort, as noted previously. In addition, there are some indirect costs which are allocated based on square footage or as a percentage of total expenses.

Bad Debts

The Entity uses the reserve method for accounting for bad debts. No allowance has been recorded as of June 30, 2021 and 2020, because management of the Entity believes that all outstanding receivables are fully collectible.

Revenue and Revenue Recognition

The Entity recognizes contributions, donations, and miscellaneous revenue when cash is received. Conditional promises to give, that is, those with a measurable performance or other barrier and a right of return, are not recognized until the conditions on which they depend have been met.

The Entity also has revenue derived from cost-reimbursable federal grants, which are conditional upon certain performance requirements and/or incurrent of allowable qualifying expenses. Amounts received are recognized as revenue without donor restrictions when the Entity has met those performance requirements or incurred expenditures in compliance with the specific grant provisions. Amounts received prior to meeting performance requirements or incurring qualifying expenditures are reported as revenue with donor restrictions and amounts not yet received, but already awarded are recorded as grants receivable.

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Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

The Entity is exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code and is also exempt from State of New Hampshire income taxes and, therefore, has made no provision for Federal or State income taxes. In addition, the Entity has been determined by the Internal Revenue Service not to be a "Private Foundation" within the meaning of Section 509(a) of the Code. The Entity is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. FASB Accounting Standards Codification Topic 740 entitled *Accounting for Income Taxes* requires the Entity to report uncertain tax positions for financial reporting purposes. The Entity had no uncertain tax positions as of June 30, 2021 and, accordingly does not have any unrecognized tax benefits that need to be recognized or disclosed in the financial statements.

Fair Value of Financial Instruments

Cash and equivalents, investments, contracts receivable, accounts payable and accrued expenses are carried in the financial statements at amounts which approximate fair value due to the inherently short-term nature of the transactions. The fair values determined for financial instruments are estimates, which for certain accounts may differ significantly from the amounts that could be realized upon immediate liquidation.

Change in Accounting Principle

The Financial Accounting Standards Board (FASB) issued new guidance that created Topic 606, *Revenue from Contracts with Customers,* in the Accounting Standards Codification (ASC). Topic 606 supersedes the revenue recognition requirements in FASB ASC 605, *Revenue Recognition,* and requires the recognition of revenue when promised goods or services are transferred to customers in an amount that reflects the consideration to which an entity expects to be entitled in exchange for those goods or services. The new guidance also added Subtopic 340-40, *Other Assets and Deferred Costs-Contracts with Customers,* to the ASC to require the deferral of incremental costs of obtaining a contract with a customer. Collectively, we refer to the new Topic 606 and Subtopic 340-40 as the "new guidance."

The Entity adopted the requirements of the new guidance as of July 1, 2020, utilizing the modified retrospective method of transition. The new guidance was applied using the practical expedient provided in Topic 606 that allows the guidance to be applied only to contracts that were not complete as of July 1, 2020. Adoption of the new guidance resulted in changes to our accounting policies for revenue recognition, trade receivables, contract costs, contract liabilities, and deferred costs. However, management estimates that the effect of these changes on the amounts that would have been reported under the former guidance to be immaterial. Management has evaluated the impact of the application of this standard and determined any applicability to the Entity is not material.

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NOTE 2—LIQUIDITY AND AVAILABILITY

The Entity regularly monitors the availability of resources required to meet its operating needs and other contractual commitments. Cash reserves in excess of daily operational needs are invested in certificates of deposit to maximize investment return while maintaining safety and liquidity.

The following table reflects the Entity's financial assets as of June 30, 2021 and 2020, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of donor restrictions.

Financial assets available for general expenditure, reduced by donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	2021	2020
Cash	$ 747,363	$ 1,431,822
Investments	52,268	285,807
Contributions receivable	435,693	247,731
Total Financial Assets	1,235,324	1,965,360
Less:		
Obligations from grantor restricted funds	(162,776)	(296,618)
Net assets with donor restrictions	(126,629)	(197,667)
Refundable advances from grantors	(180,888)	(811,569)
Fiduciary funds	(2,120)	(2,120)
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	$ 762,911	$ 657,386

In the event of an unanticipated liquidity need, the Entity also could draw upon $125,000 of its available line of credit, as further discussed in Note 6.

NOTE 3—CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of $250,000. As of June 30, 2021 and 2020, all of the Entity's bank deposits were fully insured.

NOTE 4—INVESTMENT IN LLC

In January 2016, the Entity became a member of a newly established limited liability corporation, Community Health Services Network, LLC ("CHSN"), to support the enhancement of behavioral health services integration in the region. The Entity will provide financial and administrative services to CHSN.

NOTE 5—REFUNDABLE ADVANCES FROM GRANTORS

Refundable advances from grantors of $180,888 and $811,569 as of June 30, 2021 and 2020, respectively, represents unearned grant revenue on contributions from various funding agencies.

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Refundable advances from grantors – SBA of $159,170 as of June 30, 2021 represents the portion of the SBA note payable to be forgiven in fiscal year 2022. See Note 7.

NOTE 6—LINE OF CREDIT

The Entity has a $125,000 line of credit with a local financial institution. The interest rate for the credit line was 5.25% at June 30, 2021 and 2020. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal. At June 30, 2021 and 2020, the balance on the line of credit was $0.

NOTE 7—SBA NOTE PAYABLE

At June 30, 2021 and 2020, the SBA note payable consists of the following:

	2021	2020
$216,200 unsecured note payable, payable in 18 monthly installments of $12,167 including interest at 1.00% beginning November 24, 2020 through April 24, 2022. The balance of the note is payable in full with all accrued interest on May 28, 2022.	$ 57,030	$ 216,200

The above SBA note payable is based upon an executed loan agreement that allows for principal forgiveness in whole or part upon satisfaction of certain criteria. Following are the maturities of the SBA note payable as of June 30, 2021:

Year Ending June 30,	Amount
2022	$ 57,030

The SBA note payable was obtained under the Payroll Protection Program. As noted above, the Entity is eligible to apply for principal forgiveness in whole or part by the Small Business Administration under the CARES Act, once certain eligibility criteria have been satisfied. During fiscal year 2021, the Entity applied for and in July 2021, received principal forgiveness totaling $159,170 plus interest of $2,034. For the year ended June 30, 2021, $159,170 has been recorded as an advance from grantor and will be recognized as revenue in the year ending June 30, 2022. The remaining note balance following forgiveness will be due in minimum monthly payments under the repayment terms detailed above.

NOTE 8—NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following donor restricted funding at June 30, 2021 and 2020:

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	2021	2020
ServiceLink	$ 8,707	$ 7,885
Volunteer CERT	1,477	1,477
Laconia Youth Alliance	21,544	
CERT	21,586	20,622
NH Charitable Foundation	34,317	39,304
DSRIP Incentive	17,783	18,114
CHSN - Public Health Officer		88,937
Other	21,215	21,328
Total Net Assets with Donor Restrictions	$ 126,629	$ 197,667

NOTE 9—CONCENTRATION OF REVENUE RISK

The Entity's primary source of revenues is fees and grants received from the State of New Hampshire and directly from the federal government. During the years ended June 30, 2021 and 2020, the Entity recognized revenue of $2,360,522 (85.1%) and $4,000,369 (89.3%), respectively, from fees and grants from governmental agencies. Revenue is usually recognized as earned under the terms of the grant contracts and is received on a cost reimbursement basis. However, in the years ended June 30, 2021 and June 30, 2020, the Entity received $536 thousand and $1.1 million, respectively, in performance payments on a five-year, $12.8 million governmental contract waiver to enhance behavioral health integration in the region. This revenue is anticipated to be recognized over a five-year period through fiscal year 2021, dependent on the receipt of State matching funds, achievement of performance metrics and other criteria. Other support originates from other program services, contributions, in-kind donations, and other income.

NOTE 10—LEASE COMMITMENTS

The Entity entered into a lease for office space located in Tamworth, NH with monthly lease payments of $1,068 through June 2021. The lease was renewed through June 30, 2022 with monthly payments at $1,068. Lease expense for the years ended June 30, 2021 and June 30, 2020 were $12,689 and $12,336, respectively.

The Entity also has two leases for office spaces in Laconia, NH. The first lease has monthly payments of $2,147 through August 31, 2019. An updated agreement was entered into with required payments of $2,185 through August 31, 2020. The second lease for additional office space was entered into on June 1, 2018. Under the terms of the agreement, monthly payments will be $780 per month through May 2019. The updated agreement effective June 1, 2019 reflects payments of $795 through May 2020 and was extended at the same terms through May 2021. Lease expense for the years ended June 30, 2021 and June 30, 2020 for these leases was $36,054 and $35,765, respectively. These agreements were amended into one lease for the units in Laconia, NH, with payments of $3,110 through June 30, 2022.

The Entity entered into a 60 month equipment lease with monthly lease payments of $495 through December 2021 with percentage increases in Years 2-5 for maintenance and overages of 5%-10%. Lease expense for the year ended June 30, 2021 was $3,561.

The following is a schedule, by years, of the future minimum payments for operating leases:

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Year Ended June 30,	Annual Lease Commitments
2022	$ 56,141
2023	6,177
2024	6,430
2025	6,708
2026	3,427
	$ 78,883

NOTE 11—DONATED SERVICES, MATERIALS AND FACILITIES

The Entity receives various donated services, materials and facilities. For the years ended June 30, 2021 and 2020, there was $86,007 and $50,345, respectively, of in-kind donations recognized as revenue. In-kind donations have been included as functional expenses in these financial statements as follows:

	2021	2020
Supplies		$ 1,983
Contract services	$ 41,563	33,460
Travel and meetings		1,500
Operations	10,950	10,950
Contract and grant subcontractors	33,494	2,452
	$ 86,007	$ 50,345

NOTE 12—CONTINGENCIES

The Entity participates in a number of federally assisted grant programs. These programs are subject to financial and compliance audits by the grantors or their representatives. The amounts, if any, of additional expenses which may be disallowed by the granting agency cannot be determined at this time, although the Entity expects such amounts, if any, to be immaterial.

NOTE 13—SUBSEQUENT EVENTS

In July 2021, the Entity received notification of the forgiveness of $159,170 of their Paycheck Protection Program loan from the SBA.

Subsequent events have been evaluated through March 3, 2022 which is the date the financial statements were available to be issued.

NOTE 14—COVID IMPACT

Coronavirus disease 19 ("COVID-19") is a respiratory disease caused by the new coronavirus (SARS-CoV-2) not previously seen in humans. An outbreak of COVID-19 began in late 2019 in Wuhan, a city in China's Hubei province. To date, cases of COVID19 have spread around the world. In February 2020, the United States Centers for Disease Control and Prevention confirmed the spread of the disease to the United States, and in March 2020, the World Health Organization declared the outbreak a pandemic and the Trump Administration declared it a national emergency in the United States.

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The Entity has and expects to continue to experience some effect in operations as a result of the COVID-19 pandemic, primarily in response to directives from government funding sources and officials in an attempt to quell the spread of the disease. The agency strategized and leveraged operating funds to outfit staff with needed technology as well as transition operating systems to allow remote work and tele-appointments to ensure the safety of staff and clients served in vulnerable populations.

The Entity accessed several funding sources related to pandemic support and relief such as the CARES Act, SBA Payroll Protection Program, FEMA, as well as other funding sources. These funds were utilized to support public safety expenditures in response to the pandemic as well as lost revenue attributable to COVID-19. Funds allowed the organization to bolster its emergency preparedness and response department to provide the community with PPE and education regarding precautions initially and then to administer and support other organizations in administration of vaccinations to eligible populations in the community. The response has been implemented with only two full time staff and mobilizing a cadre of volunteers increasing in-kind contributions significantly.

The Entity assessed expenditures to position the organization to utilize new equipment, technology, and systems as new standards of care as well as to assure preparation for any future emergency response.

NOTE 15—FUTURE ACCOUNTING STANDARDS

FASB has issued ASU 2016-02, *Lease (Topic 842),* which the Entity is required to implement for the year ending June 30, 2022. Management believes that this update will have a potentially significant impact on the financial statements. The Entity will be required to recognize a right-of-use asset and a lease liability for transactions currently identified as operating leases.

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SCHEDULE I

PARTNERSHIP FOR PUBLIC HEALTH, INC.

Formerly known as Lakes Region Partnership for Public Health, Inc.

Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2021

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Assistance Listing Number	Total Federal Expenditures
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT		
Pass Through Payments from the County of Belknap, New Hampshire		
CDBG Entitlement Grants Cluster:		
Community Development Block Grants/Entitlement Grants	14.218	$ 773
Total CDBG Entitlement Grants Cluster		773
Total Department of Housing and Urban Development		773
DEPARTMENT OF THE TREASURY		
Pass Through Payments from the State of New Hampshire Governor's Office for Emergency Relief and Recovery		
COVID 19 - Coronavirus Relief Fund	21.019	45,024
Total Department of the Treasury		45,024
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Pass Through Payments from the National Association of County and City Health Officials		
Medical Reserve Corps Small Grant Program #HITEP2000045-01-01	93.008	378
Pass Through Payments from the State of New Hampshire Department of Health and Human Services		
Special Programs for the Aging, Title IV, and Title II, Discretionary Projects #90MP0176-03-01	93.048	17,839
Pass Through Payments from University of New Hampshire		
Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	
#HHS-2018-ACL-CIP-NWBC-0285		24,065
COVID 19 - #COVID BEAS-ADRC		30,336
		72,240
Pass Through Payments from the State of New Hampshire Department of Health and Human Services		
National Family Caregiver Support, Title III, Part E #2001-NHOAFC-02	93.052	72,090
Public Health Emergency Preparedness #NU90TP922018	93.069	59,175
Environmental Public Health and Emergency Response #NUE1EH001357	93.070	6,407
Medicare Enrollment Assistance Program #2001NHMISH-00	93.071	8,037

See notes to schedule of expenditures of federal awards

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SCHEDULE I
PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2021

Federal Granting Agency/Recipient State Agency/Grant Program/State Grant Number	Assistance Listing Number	Total Federal Expenditures
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children #NUE2EH001408	93.197	4,271
Substance Abuse and Mental Health Services Projects of Regional and National Significance #SP020796	93.243	89,662
Immunization Cooperative Agreements	93.268	
#NH23IP922595		15,651
COVID-19 - #NH23IP922595		12,506
		28,157
Received Directly from the U.S. Department of Treasury		
Drug-Free Communities Support Program Grants #NH28CE003102	93.276	52,124
Pass Through Payments from the State of New Hampshire Department of Health and Human Services		
State Health Insurance Assistance Program COVID 19 - #90SA0003-02-03	93.324	25,881
Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response #NU90TP922106	93.354	43,190
Social Services Block Grant #2021-DLTSS-08-SERVI-05	93.667	132,386
National Bioterrorism Hospital Preparedness Program #U3REP190580	93.889	10,000
Block Grants for Prevention and Treatment of Substance Abuse #TI083041	93.959	111,054
Total Department of Health and Human Services		715,052
DEPARTMENT OF HOMELAND SECURITY		
Pass Through Payments from the State of New Hampshire Department of Health and Human Services		
Disaster Grants - Public Assistance (Presidentally Declared Disasters)	97.036	
COVID 19 - BEAS		5,006
COVID 19 - FEMA #4516DRNHP00000001		168,757
		173,763
Total Department of Homeland Security		173,763
Total Expenditures of Federal Awards		$ 934,612

See notes to schedule of expenditures of federal awards

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PARTNERSHIP FOR PUBLIC HEALTH, INC.
Formerly known as Lakes Region Partnership for Public Health, Inc.
NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
For the Year Ended June 30, 2021

NOTE 1—BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal award activity of Partnership for Public Health, Inc. under programs of the federal government for the year ended June 30, 2021. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Partnership for Public Health, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Partnership for Public Health, Inc.

NOTE 2—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accompanying Schedule is presented using the accrual basis of accounting, which is described in Note 1 to Partnership for Public Health, Inc.'s financial statements. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursements.

NOTE 3—INDIRECT COST RATE

Partnership for Public Health, Inc. has not elected to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

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& COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
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(603) 622-7070 • Fax: (603) 622-1452 • www.vachonclukay.com

REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Independent Auditor's Report

To the Board of Directors
Partnership for Public Health, Inc.
Formerly known as Lakes Region Partnership for Public Health, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Partnership for Public Health, Inc. (a nonprofit organization), which comprise the statement of financial position as of June 30, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated March 3, 2022.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Partnership for Public Health, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Partnership for Public Health, Inc.'s internal control. Accordingly, we do not express an opinion on the effectiveness of Partnership for Public Health, Inc.'s internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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Compliance and Other Matters

As part of obtaining reasonable assurance about whether Partnership for Public Health, Inc.'s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Vashon Clubay & Company PC

Manchester, New Hampshire
March 3, 2022

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REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Independent Auditor's Report

To the Board of Directors
Partnership for Public Health, Inc.
Formerly known as Lakes Region Partnership for Public Health, Inc.

Report on Compliance for Each Major Federal Program

We have audited Partnership for Public Health, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Partnership for Public Health, Inc.'s major federal programs for the year ended June 30, 2021. Partnership for Public Health, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Partnership for Public Health, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Partnership for Public Health, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Partnership for Public Health, Inc.'s compliance.

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Opinion on Each Major Federal Program

In our opinion, Partnership for Public Health, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2021.

Report on Internal Control Over Compliance

Management of Partnership for Public Health, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Partnership for Public Health, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Partnership for Public Health, Inc.'s internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Vashon Clukay & Company PC

Manchester, New Hampshire
March 3, 2022

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Partnership for Public Health, Inc.
Formerly known as Lakes Region Partnership for Public Health, Inc.
Schedule of Findings and Questioned Costs
For the Year Ended June 30, 2021

Section I–Summary of Auditor's Results

Financial Statements

Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP: *Unmodified*

Internal control over financial reporting:
Material weakness(es) identified? _____ yes __X__ no
Significant deficiency(ies) identified? _____ yes __X__ none reported

Noncompliance material to financial statements noted? _____ yes __X__ no

Federal Awards

Internal control over major federal programs:
Material weakness(es) identified? _____ yes __X__ no
Significant deficiency(ies) identified? _____ yes __X__ none reported

Type of auditor's report issued on compliance for major federal programs: *Unmodified*

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)? _____ yes __X__ no

Identification of major federal program(s):

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.667	Social Services Block Grant
93.959	Block Grants for Prevention and Treatment of Substance Abuse
97.036	Disaster Grants - Public Assistance (Presidentially Declared Disasters)

Dollar threshold used to distinguish between Type A and Type B programs: $ 750,000

Auditee qualified as low-risk auditee? _____ yes __X__ no

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Section II--Financial Statement Findings

There were no findings relating to the financial statements required to be reported by GAGAS.

Section III--Federal Award Findings and Questioned Costs

There were no findings and questioned costs as defined under 2 CFR 200.516(a).

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Partnership for Public Health

Board Members January 2023

BoD Matrix 2018-2028		City/Town-Live-work
1. Trish Stafford, President		
2. Lisa Dupuis,		
3. Brian Lamontagne, VP & Treas		
4. Sarah Stanley		
5. Lisa Garcia		
6. Michelle Lennon		
7. Margaret Franckhauser, Exec Co		
8. Jason Bean, Secretary		
9. Carolyn Muller		
10. Mark Waldner		
11. Jessica Morton		

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Tamera S. Carmichael

[redacted]

SUMMARY

A Proven program administrator with 29 years of experience developing effective social support programs. Secured over $1.4 million in program funding to improve the social determinants of health for underserved families and individuals. Served on over 15 boards and coalitions to establish inter-organizational partnerships and foster community collaboration. Supervised 5 diverse programs with 25 team members to create and implement holistic public policies.

EDUCATION

University of South Florida — Tampa, FL
Bachelor of Arts in Sociology — 1988

Saint Petersburg College — Clearwater, FL
Associate of Arts Degree — 1986

PROFESSIONAL EXPERIENCE

Partnership for Public Health Inc. — Laconia, NH
Executive Director — 2020 - Present

- Strategic planning; grants/contracts; community relations; and resource development leadership
- Fiscal Oversight for organization's budget exceeding $3 million
- Effective management and development more than 20 diverse employees, interns, and volunteers
- Administration of Regional Public Health Network: CHIP/CHA development and implementation

State of Florida Department of Health — Gainesville, FL
Program Development Administrator — 2008 – 2020

- Responsible for development and management of 5 public health programs whose budgets exceed $2 million
- Establish and monitor contracts for North Central Florida Health Department Consortium
- Effective management and development of 25 diverse employees, interns, and volunteers
- Over 8 years member of CHIP/CHA Steering Committee and Performance Management Council

Bay Area Bail Bonds & Investigations, Inc. — Clearwater, FL
Owner/Operator — 2001 – 2008

- Qualified and wrote more than $2 million monthly in commercial bail indemnities
- Managed 9 employees of diverse backgrounds as well as payroll, accounts receivable, and accounts payable
- Served as Secretary of the Pinellas County Bail Bond Association
- Used investigation techniques and critical analytical skills to locate and retrieve delinquent sureties

Mease Manor Inc. — Dunedin, FL
Social Services Director — 1998 – 2001

- Monitored compliance and documentation per State and Federal Regulations in a long-term care facility
- Established interdepartmental plans of care for residents and supervised multiple employees of diverse backgrounds and responsibilities
- Inaugural winner of the Florida Healthcare Association's Social Service Worker of the Year award
- Established family/caregiver support group
- Collaborated with community services to provide quality care and ensure psychosocial well-being of residents and responsible parties

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Suncoast Hospital — Largo, FL
Patient Service Coordinator I — 1993 – 1995

- Monitored compliance and documentation per State and Federal Regulations in a skilled nursing and acute care facilities
- Provided individualized discharge planning and interdepartmental coordination for patients
- On-call rotation as Patient Service Coordinator for all hospital departments (surgery, Maternity, ICU, etc.)

Family Resources, Inc. — St. Petersburg, FL
Youth Care Worker III — 1990 – 1993

- Care and Supervision of children 9-18 years old in a crisis/runaway shelter, phone crisis counsel
- Supervised staff and volunteers, recruited and trained volunteers, marketing and fund raising
- Interfaced with law enforcement, child protective services, and victims' advocates
- Supervised visits with parents and children
- Completed necessary documentation for a non-profit organization per guidelines

LICENSURE AND CERTIFICATIONS

State of New Hampshire Notary Public
Florida Certified Contract Manager
State Certified Contract Administrator

SKILLS

Soft: Program Development, Employee Recruitment and Empowerment, Community Collaboration, Effective Communication, Public Speaking, Strategic Planning, and Quality Improvement, Leadership
Hard: Microsoft Office Suite, Proprietary Software, Database Management, IS200.b FEMA Emergency Management, Financial Management, Regulatory Compliance, Contract Administration, and Grant Writing

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CARISSA ELPHICK

EDUCATION

University of New Hampshire, Durham, New Hampshire **September 2013**
Master of Arts Degree in Justice Studies, (Graduating GPA: 3.92)

Saint Joseph's College of Maine, Standish, Maine **May 2011**
Bachelor of Arts Degree in Psychology with Summa Cum Laude Honors (Graduating GPA: 3.90)

EXPERIENCE

Partnership for Public Health, Laconia, NH
Director, Human Service Programs **May 2017- Present**

- Responsible for all deliverables associated with ServiceLink Resource Center program, a contract of Bureau of Elderly and Adult Services to include Options Counseling, NH Family Caregiver Program, State Health Insurance Assistance Program, and Veteran-Directed Program. Oversight of two locations in both Belknap and Carroll County;
- Direct supervision of seven employees to include designing and facilitating professional development plans;
- Participated in the development of agency strategic plan and serve as agency lead of all activities related to healthy aging on both a local and statewide level;
- Member of the Winnipesaukee Public Health Council and Carroll County Coalition for Public Health and facilitate a regional collaborative of stakeholders responsible for the goals and objectives in the Community Health Improvement Plan relating to healthy aging;
- Facilitate regional NH CarePath meeting, a statewide and regional partnership dedicated to coordinated access for long term supports and services;
- Effective leader and team member willing to stray from the norm to find creative solutions for best outcomes.
- Advocate coalition building and breaking down silos to move partners closer to an integrated model of care.
- Assist with agency strategic marketing, communication, sustainability, and development plans to include grant writing.

Community Health Services Network LLC, Laconia, NH
Executive Director **August 2020 - Present**

- Direct an Integrated Delivery Network (IDN) comprised of 31 healthcare and social service agencies via a Medicaid 1115 waiver providing innovative programs and strategies to transform the delivery of care and improve health outcomes for participants faced with mental health and/or substance use disorders.
- Serve as the face of our IDN for all State, County or media activities. Serve as the communications hub and liaison for partners while working closely with organizational leadership, board of directors, network partners and staff to strategically move and affect project outcomes.
- Manage and direct all fiscal operations, including budget oversight, authorizing expenditures, reimbursements, grant tracking, accounting and coordinating financial reporting.
- Provide oversight of six project workgroups by providing leadership, guidance and technical assistance needed to support teams in meeting project deadlines and goals. Workgroups include HIT, Integrated Health, Workforce, Supportive Community Re-Entry, Expansion in Intensive Outpatient Treatment and Enhanced Care Coordination for High Needs Population. Each project has a specific focus of integrating one's behavioral health needs within their primary care, identifying the social determinants of health and connecting to appropriate social services.

Long Term Support Counselor/Care Transitions Specialist **December 2014 – May 2017**

- Perform person- centered options counseling to connect individuals to long term supports and services;
- Screen for eligibility and assist consumers with applications for assistance for state benefits, housing, other community resources;
- Certified State Health Insurance Assistance Program (SHIP) Counselor assisting clients with Medicare related questions and enrollments in cost-saving programs to include assisting low-income individuals and those living in rural locations;
- Assistance with discharge planning and provide follow-up after discharge for high risk patients at Lakes Region General Hospital in order to reduce readmission rates;
- Created and facilitate community wrap-around team consisting of mental health, law enforcement, fire/EMS, healthcare, and social services.

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CARISSA ELPHICK

Merrimack County Advocacy Center, Concord, New Hampshire
Program Assistant/Forensic Interviewer **May 2013-November 2014**

- Coordinate a multidisciplinary team of 29 law enforcement agencies, child protective service workers, crisis center advocates, prosecutors, mental health professionals, and medical professionals to include facilitating team meetings and case review;
- Coordinate, schedule, and conduct forensic interviews of victims of child abuse and adult sexual assault;
- Creation, coordination, and implementation of outreach and prevention projects;
- Assist in agency sustainability through fundraising and community relationship building.

State of New Hampshire Judicial Branch, Franklin, New Hampshire
Court Assistant II **January 2012-July 2012**

- Daily docketing of incoming law enforcement complaints and judicial mail;
- Scheduling hearings and case management on all adoptions, name changes, minor guardianships, and trusts

OTHER NOTABLE EXPERIENCE

- ***Advisory Council Member, Tri-State Learning Collaborative on Aging*** **February 2021**
- ***Founding Member, Gilford Neighbors*** **January 2021**
- ***Ambassador Charting the Life Course***
- ***Home and Community Based Services Conference*** **August 26, 2019**
  Presenter
- ***Founding Board Member, Huggins' Hospital Rural Health Network*** **November 2018**
- ***ALS Association of Northern New England Annual Conference*** **November 2018**
  Presenter
- ***Leadership Lakes Region*** **Class of 2017**
- ***State Health Insurance Assistance Program – Program Specialist Certification*** **2016**
  NH Public Health Association **November 15, 2016**
  Presenter
- ***Person-Centered Thinking and Options Counseling Certifications*** **September 2016**
- ***Certified Resource Specialist for Aging/ Disability (CIRS A/D)*** **May 2015**
- ***Forensic Interviewer Training***
  National Children's Alliance **February 2014**
- ***Team Facilitator Training***
  Presented by Northeast Regional Children's Advocacy Center **November 2013**
- ***Forensic Interviewer Training***
  Presented by Granite State Children's Alliance **May 2013**

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COURTNEY DEVOST

[redacted]

Objective

Hard working business administration graduate with proven human resources and organizational leadership skills. I am seeking a long-term partnership with a business that will increase my personal growth while simultaneously aiding in the advancement and longevity of the company.

Education

MASTER'S | MAY 2023 | PLYMOUTH STATE UNIVERSITY

Pursuing: Master's in Business Administration

BACHELOR'S | SEPTEMBER 2021 | SOUTHERN NEW HAMPSHIRE UNIVERSITY

Major: Business Administration

ASSOCIATE'S | MAY 2018 | NEW HAMPSHIRE TECHNICAL INSTITUTE

Major: Business Administration

Skills & Abilities

CORE COMPETENCIES

- EXCELENT TIME-MANAGEMENT SKILLS
- DETAIL-ORIENTED AND ORGANIZED
- VERBAL AND WRITTEN COMMUNICATION
- DEDICATED TEAM MEMBER
- ADEPT IN TECHNOLOGY
- MS OFFICE PROFICIENT; 70 WPM
- NOTARY OF PUBLIC, STATE OF NH

SKILLS

- FINANCE
  - In-depth financial understanding and well experienced in accounting, financial statements, invoicing, billing, federal and state compliance, as well as handling cash flow and all reporting.
  - Assisting and aiding in any and all functions and tasks requested of the Finance Director.
- Human Resources
  - With overly competent communication skills with employees, management, and directors; adaptability to all situations that arise, upmost confidentiality in all situations necessary and able to determine when confidentiality is required.
  - Assisting and coordinating events, employee training, and any technical training of new systems.

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Certifications & Involvement

HUMAN RESOURCES MANAGEMENT CERTIFICATE | APRIL 2022 | UNIVERSITY OF NH

Certification requiring 6 core courses that range from 4-8 hours long, and satisfactory involvement met.

BOARD OF DIRECTORS | SEPTEMBER 2021 | TAPPLY-THOMPSON COMMUNITY CENTER

Involvement with voting rights. Deciding party of the Finance Committee and Policy Committee.

HEAD COACH | OCTOBER 2015 | NEWFOUND MEMORIAL MIDDLE SCHOOL

Head coach of the Newfound Memorial Middle School girls' basketball team.

Experience

HR & OPERATIONS MANAGER | PARTNERSHIP FOR PUBLIC HEALTH | DECEMBER 2021 – PRESENT

FINANCE & COMPLIANCE SPECIALIST | SEPTEMBER 2020 – DECEMBER 2021

- Follow all necessary business policies and accounting practices: seek to improve/update the finance department's overall internal control policy and procedure manual.
- Provides coordination and administrative support at coalition meetings, events, activities, and trainings as assigned and needed.
- Produce and maintain all necessary data, records, and reports as necessitated by funder(s).
- Complete all reporting requirements fully, accurately, and in a timely manner as specified.
- Assists with all human resource functions, including organizing New Hire personnel files, processing background checks, implementing and tracking employee benefits, retirement plans, insurance, and personnel-related activities.
- Perform other related duties as directed within the finance, operations, and HR functions.
- Provide training and educational information regarding any and all HR changes and necessary advancements.
- Process biweekly payroll, benefits, and employee reimbursements timely and accurately.
- Ensure proper backup and retention of account records and files.
- Provide technical assistance to staff with payroll, Excel, other software and hardware.
- Assist with all necessary and requested tasks of the Finance Director, as well as related duties as directed by the Executive Director, including but not limited to finance and HR functions of the organization.
- Maintain all finance, business contracts, and reporting.
- Assist in maintaining and coordinating all operational events within the organization.
- Aiding in process and form creation with the organizational leadership.

LEASING ADMINISTRATIVE SPECIALIST | FORT BLISS FAMILY HOMES | JUNE 2018 – MARCH 2019

- Maintain calendars for the leasing team.
- Draft and complete contracts regularly.
- Assist in telecommunications to prospective residents and assist with assignments of available homes.
- Serve as a point of contact between residents and the community.

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- Assisted management directly with marketing and communications.
- Regular data entry and configuration.

ADMINISTRATIVE ASSISTANT | COMMUNITY HEALTH SERVICES NETWORK | APRIL 2017 – MAY 2018

- Attend and take minutes at all Board and Finance meetings as well as various project meetings.
- Draft and proofread letters, emails and documents as well as design spreadsheets, invitations and business materials when needed.
- Create and proofread reports for the Executive Director and other superiors to reflect previous implementation and progress.
- Assist with review and submission of payments and reimbursements through Community Health Services Network.
- Assist with human resource duties such as reviewing resumes, drafting emails for interviews, setting up appointment times and assisting in the interview and hiring processes.
- Coordinate and complete preparation of monthly, quarterly and annual meetings.
- Assist with daily operations within the Community Health Services Network office.

Public Service

BOARD OF DIRECTOR'S MEMBERSHIP | TAPPLY-THOMPSON COMMUNITY CENTER | SEPTEMBER 2021 – PRESENT

- Working directly with the Executive Committee and other members to make well executed judgments regarding the organization and any of its key decisions. While on this board, I am also apart of the following committees:
  - Finance Committee
  - Policy Committee

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John J. Beland



SUMMARY

- Proven professional with experience in all ranks of municipal fire department operations, administration, and community relations efforts.
- Proven participant in improving the quality of life for others through civic activities and service organizations.
- Dedicated team player with high code of conduct and integrity.

AREAS OF EXPERIENCE

DEVELOPMENT

- Develop and administration of 1.8-million-dollar municipal fire department budget.
- Plan, develop, execute, and direct all phases of fire department administration and operations including but not limited to, budget development and administration, delivery of high-quality emergency services in a safe, efficient and effective manner, development and enforcement of Standard Operating Guidelines, Rules & Regulations and administration of town policy, provide training and educational opportunities for 15 career personnel and 30 call company personnel.
- Pursue local, state and federal grant opportunities to enhance response capabilities through equipment purchases, training and exercise delivery.

COMMUNITY RELATIONS

- Build and maintain strong working relationships with internal/external customers, political/civic leaders.
- Leadership role to raise approximately $30,000.00 to construct the Gilford Fire• Rescue Training Facility.
- Strong ability to build working relationships with various organizations, customers, community individuals and professionals.

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WORK EXPERIENCE

Lakes Region Mutual Fire Aid
Deputy Coordinator
October 2011-Present
62 Communication Drive
Laconia, New Hampshire 03246
Deputy Coordinator

Town of Gilford-Fire-Rescue Department
June 1983-September 2011 (Retired)
39 Cherry Valley Road
Gilford, New Hampshire 03249
Live-In Student, Career Firefighter, Lieutenant, Captain, Deputy Chief, Fire Chief

NH Fire Academy
Senior Staff Instructor
1987-Present

Lakes Region Mutual Fire Aid
Training & Education Committee
Late 1980's- 2018

NH Community College
Laconia NH
Adjunct Professor
1993,2012

EDUCATION

New Hampshire Technical College
Laconia, NH
A.S. Fire Protection
1981-1983

Notre Dame College
Manchester, NH
92 Credits toward B.S. Degree
in Elementary Education
1999-2001

Certified Public Manger
NH Bureau of Training & Education
Concord NH
2010-2011

Position Relevant Certifications:

IS-00800.b National Response Framework; ICS 402 Overview for Executives & Senior Officials; G775 EOC Management & Operations, Command & General Staff Functions for Local Incident Management Teams; IS-00703 NIMS Resource Management. IS-00700; National Incident Management System; Incident Command System• Instructor; National Fire Academy-Incident Command System; Emergency Management

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Institute-IS-00120.a an introduction to Exercises; Homeland Security Exercise & Evaluation Program; Incident Management Symposium-Phoenix AZ

Center for Domestic Preparedness-Introduction to SNS Operations Course 5/2018

Center for Domestic Preparedness-POD Essentials 4/2021

NACCHO Emergency Preparedness Conference - 2018, 2022

LSU-National Center for Biomedical Research and Training-

Readiness: Training Identification and Preparedness Planning-

Management Planning Level.

*Certificates available upon request.

PROFESSIONAL AFFILIATIONS

Certified Public Managers Association
2011 - Present

NH Fire Instructor and Officers Association
Past Director, Past President

Leadership Lakes Region
Board of Directors
2006-Present

Gilford Rotary Club
Board of Directors-Present
President 7/2018 - 6/2019

Lakes Region Partnership for Public Health
Board of Directors
2011-2014

Lakes Region St. Baldrick's-Event Organizer
Childhood Cancer Fundraiser
Gilford NH/Monrovia, CA
2004-Present

National Association of
County & City Health
Officers

AWARDS

Gilford Fire Department Fire Officer of the Year
John T Ayers-Fire Instructor of the Year Award
NH Fire Academy Award
Proclamation-John Beland Day, City of Laconia, Lakes Region Respite Project
NH Law Enforcement/Fire Service; Firefighter of the Year
Knight of the Bald Table-St. Baldrick's Foundation, Childhood Cancer Treatment and Research

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Gilford Rotary Club-Paul Harris Fellow X3
Lakes Region Chamber of Commerce, Community Hero, Public Service
Lakes Region Community Services, Outstanding Community Partner Award

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Contact

[redacted]

Top Skills

Microbiology
Immunology
Fluorescence Microscopy

Languages

English (Native or Bilingual)
Spanish (Limited Working)

Publications

Integration of diffraction phase microscopy and Raman imaging for label-free morpho-molecular assessment of live cells

Ciera Hunter, MPH

Advancing Public Health | Mitigating Health Disparities | Promoting Wellness
Laconia, New Hampshire, United States

Experience

Institute for Health Policy and Practice
Research Associate
October 2020 - May 2022 (1 year 8 months)

Gilford High School
Track and Field Coach
November 2019 - May 2022 (2 years 7 months)

New England Public Health Training Center
Health Equity Intern
November 2020 - May 2021 (7 months)

Belmont High School
Long Term Substitute - High School Science Teacher
March 2020 - June 2020 (4 months)

Waypoint NH
Child Health Care Worker
September 2019 - March 2020 (7 months)

University of Connecticut
2 years 5 months

Senior Resident Assistant
July 2018 - May 2019 (11 months)

Tutor, Student Athlete Success Program
March 2017 - November 2018 (1 year 9 months)

Resident Assistant
January 2017 - June 2018 (1 year 6 months)

Walden University
Business Development and Strategy Assistant
September 2017 - September 2018 (1 year 1 month)

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Connecticut Children's
Research Consultant
August 2017 - April 2018 (9 months)
Farmington, Connecticut, United States

UConn Health
UCONN - TIP Bioscience, Entrepreneurship & STEM Summer Fellowship
May 2017 - August 2017 (4 months)
Farmington, Connecticut, United States

Nishiyama Physiology and Neurobiology Research Laboratory
Undergraduate Research Assistant
July 2016 - May 2017 (11 months)
Storrs, CT

Nyholm Molecular and Cellular Biology Research Laboratory
Undergraduate Research Assistant
September 2015 - May 2016 (9 months)
Storrs, CT

Rosedale Farms and Vineyards
Manager
July 2011 - October 2015 (4 years 4 months)
Simsbury, CT

Farmington Valley YMCA
Gymnastics Instructor and Camp Counselor
November 2014 - August 2015 (10 months)

Education

Southern New Hampshire University
Master of Public Health - MPH, Global Health

University of Connecticut
Bachelor of Science - BS, Biology/Biological Sciences, General

The Loomis Chaffee School
High School

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Partnership for Public Health

Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
Tamera Carmichael	Executive Director	20,000.00
Carissa Elphick	Director of Human Services Programs	25,000.00
Courtney DeVost	Finance Director	16,500.00
John Beland	Director of Emergency Preparedness and Response	60,500.00
Ciera Hunter	Prevention Strategies Supervisor	42,000.00

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41

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

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**
***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**			

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**
CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177877-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — Award Date: TBD 7/1/2022

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** **3/29/2021**

CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** 3/31/2021

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB.TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — **Award Date:** **5/17/2021**

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — Award Date: 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 — FAIN #NH95OT000031 — **Award Date:** 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-09)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Partnership for Public Health, Inc.		1.4 Contractor Address 67 Water Street, Suite 105, Laconia, NH 03246	
1.5 Contractor Phone Number (603) 528-2145	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $829,674
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Tamera Carmichael Date: 6/6/2022		1.12 Name and Title of Contractor Signatory Tamera Carmichael Executive Director	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/7/2022		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino		On: 6/8/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DS TC
Date 6/6/2022

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.

DS

Contractor Initials [illegible]

Date 6/6/2022

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 omissions of the

Contractor Initials TL

Date 6/6/2022

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.

Contractor Initials DS
Date 6/6/2022

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

Contractor Initials DS TC

Date 6/6/2022

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

Contractor Initials DS TC
Date 6/6/2022

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Winnipesaukee region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition, and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public, including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department ~~to input~~

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information ~~not~~ be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5. Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.

1.2.13.3.6. Retain a copy of all training materials on site for reference during SBCs.

1.2.13.3.7. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.13.3.8. Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.

1.2.13.3.9. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.13.3.10. Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.13.3.11. Account for every dose of vaccine.

1.2.13.3.12. Submit a monthly temperature log for the vaccine storage refrigerator.

1.2.13.3.13. Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.

1.2.13.3.14. In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).

1.2.14.1.2.2. Complete a technical assistance needs assessment.

1.2.14.1.2.3. Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.

1.2.14.1.3. Substance Misuse Prevention Coordination and Continuum of Care Facilitation

1.2.14.1.3.1. Attend community of practice meetings and/or activities.

1.2.14.1.3.2. Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.

1.2.14.1.3.3. Attend all regularly scheduled RPHN substance misuse meetings.

1.2.14.1.3.4. Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. <u>Public Health Advisory Council</u>

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 91% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 9% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   4.3. Identifies and requests payment for allowable costs incurred in the previous month.

   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.

6. The final invoice and supporting documentation for authorized expenses 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. 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.

8. Audits

   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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
Contractor Name: *Partnership for Public Health, Inc.*
Budget Request for: *PHN*
Budget Period *July 01, 2022 - June 30, 2023*
Indirect Cost Rate (if applicable) 13.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$23,644	$16,189	$58,862	$6,419	$102,047	$11,748	$8,174	$9,366
2. Fringe Benefits	$3,208	$777	$6,387	$690	$31,766	$2,230	$786	$1,624
3. Consultants	$148	$767	$1,635	$234	$4,638	$767	$267	$252
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$367	$317	$627	$48	$1,787	$40	$65	$70
5.(a) Supplies - Educational								
5.(b) Supplies - Lab								
5.(c) Supplies - Pharmacy								
5.(d) Supplies - Medical								
5.(e) Supplies Office	$1,500	$339	$430	$39	$3,194	$200	$32	$159
6. Travel	$520	$250	$415	$367	$2,115	$150	$201	$300
7. Software	$17	$131	$191	$40	$577	$24	$0	$0
8. (a) Other - Marketing/Communications	$1,500	$954	$962	$181	$11,500	$1,455	$48	$250
8. (b) Other - Education and Training	$2,000	$400	$79	$0	$3,370	$200	$0	$200
8. (c) Other - Other (specify below)								
Current Expense	$668	$1,775	$3,008	$430	$7,133	$533	$473	$473
Occupancy	$224	$1,488	$3,162	$401	$7,336	$677	$485	$590
Meeting Expense	$500	$405	$55	$0	$492	$100	$0	$0
9. Subrecipient Contracts	$10,000	$2,800	$957	$0	$4,000	$4,000	$2,752	$0
Total Direct Costs	$44,296	$26,590	$76,770	$8,850	$179,955	$22,124	$13,283	$13,283
Total Indirect Costs	$5,704	$3,411	$9,980	$1,151	$23,132	$2,876	$1,717	$1,717
Subtotals	$50,000	$30,000	$86,750	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$434,837

DS
Contractor Initials
6/6/2022
Date

New Hampshire Department of Health and Human Services
Contractor Name: *Partnership for Public Health, Inc.*
Budget Request for: *PHN*
Budget Period *July 01, 2023 - June 30, 2024*
Indirect Cost Rate (if applicable) 13.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$24,727	$16,675	$60,756	$6,652	$118,733	$8,459	$0
2. Fringe Benefits	$3,464	$834	$6,860	$811	$36,698	$844	$0
3. Consultants	$100	$767	$1,635	$234	$4,638	$267	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$367	$317	$627	$48	$1,787	$65	$0
5.(a) Supplies - Educational							
5.(b) Supplies - Lab							
5.(c) Supplies - Pharmacy							
5.(d) Supplies - Medical							
5.(e) Supplies Office	$1,200	$201	$100	$39	$400	$24	$0
6. Travel	$281	$125	$200	$200	$500	$201	$0
7. Software	$17	$131	$191	$40	$577	$0	$0
8. (a) Other - Marketing/Communications	$1,200	$635	$150	$132	$400	$48	$0
8. (b) Other - Education and Training	$1,500	$400	$25	$0	$707	$0	$0
8. (c) Other - Other (specify below)							
Current Expense	$668	$1,775	$3,008	$330	$7,133	$473	$0
Occupancy	$224	$1,486	$3,162	$363	$7,336	$485	$0
Meeting Expense	$500	$405	$10	$0	$150	$0	$0
9. Subrecipient Contracts	$10,000	$2,800	$46	$0	$1,000	$2,409	$0
Total Direct Costs	$44,248	$26,551	$76,770	$8,850	$180,059	$13,275	$0
Total Indirect Costs	$5,752	$3,449	$9,980	$1,151	$23,028	$1,725	$0
Subtotals	$50,000	$30,000	$86,750	$10,000	$203,087	$15,000	$0
						TOTAL	$394,837

DS
Contractor Initials TC
Date 6/6/2022

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

Vendor Initials TC
Date 6/6/2022

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: Partnership for Public Health, Inc.

DocuSigned by:
Tamera Carmichael
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6/6/2022
Date

Name: Tamera Carmichael
Title: Executive Director

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

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

Contractor Initials TL
Date 6/6/2022

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

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Contractor Initials
6/6/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

DS

Contractor Initials TC

Date 6/6/2022

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: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

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: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

Contractor Initials TC
Date 6/6/2022

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, TitleXIII, 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.

Contractor Initials TC

Date 6/6/2022

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Partnership for Public Health, Inc.
The State	Name of the Contractor
Patricia M. Tilley	Tamera Carmichael
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Tamera Carmichael
Name of Authorized Representative	Name of Authorized Representative
Director	Executive Director
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/6/2022
Date	Date

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: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

DS
TC
Contractor Initials
6/6/2022
Date

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: 786707856

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   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

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

.1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.

2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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

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

This Amendment to the Regional Public Health Network Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Cheshire Medical Center ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022, (Item #41), 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. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $992,940

2. Modify Exhibit C, Payment Terms, Section 1, to read:

   1. This Agreement is funded by:

      1.1. 96% Federal funds from:

         1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.

         1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.

         1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.

         1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.

         1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.

         1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.

         1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.

      1.2. 4% General funds.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the

fulfillment of this agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Amendment #1, SFY 23 Budget through Exhibit C-2, SFY 24 Budget.

4. Modify Exhibit C-1, SFY 23 Budget by replacing it in its entirety with Exhibit C-1 Amendment #1 SFY 23 Budget, 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 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
846FB20F58FD4C8...
Name: Patricia M. Tilley
Title: Director

The Cheshire Medical Center

1/12/2023
Date

DocuSigned by:
Daniel Gross
B2850D61387A405...
Name: Daniel Gross
Title: CFO

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
74873484404446D...
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:

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New Hampshire Department of Health and Human Services	
Contractor Name:	The Cheshire Medical Center
Budget Request for:	Regional Public Health Network
Budget Period	Upon G & C Approval through June 30, 2023
Indirect Cost Rate (if applicable)	10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 6/30/23)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$35,166	$9,750	$5	$5,729	$71,791	$0	$2,325	$61,194
2. Fringe Benefits	$10,233	$2,837	$1	$1,667	$20,891	$0	$793	$17,746
3. Consultants	$0	$7,343	$72,443	$0	$50,000	$0	$0	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0		$0	$0	$0	$0	
5.(a) Supplies - Educational	$0	$0		$0	$10,000	$5,000	$0	$5,000
5.(b) Supplies - Lab	$0	$0		$0	$0	$0	$0	
5.(c) Supplies - Pharmacy	$0	$0		$0	$0	$0	$0	
5.(d) Supplies - Medical	$0	$0		$0	$0	$0	$5,000	
5.(e) Supplies Office	$0	$0		$0	$1,500	$5,000	$0	$2,000
6. Travel	$56	$0	$4,973	$0	$5,000	$3,000	$5,518	$2,000
7. Software	$0	$0		$0	$0	$0	$0	
8. (a) Other - Marketing/Communications	$0	$7,343		$0	$20,000	$5,000	$0	$41,932
8. (b) Other - Education and Training	$0	$0	$15,070	$1,695	$5,443	$4,727	$0	$20,000
8. (c) Other - Other (specify below)								
Other (please specify)	$0	$0		$0	$0	$0	$0	
Other (please specify)	$0	$0		$0	$0	$0	$0	
Other (please specify)	$0	$0		$0	$0	$0	$0	
Other (please specify)	$0	$0		$0	$0	$0	$0	
9. Subrecipient Contracts	$0	$0		$0	$0	$0	$0	
Total Direct Costs	$45,455	$27,273	$92,492	$9,091	$184,625	$22,727	$13,636	$149,872
Total Indirect Costs	$4,545	$2,727	$9,249	$909	$18,462	$2,273	$1,364	$14,987
Subtotals	$50,000	$30,000	$101,742	$10,000	$203,087	$25,000	$15,000	$164,859
							TOTAL	$599,687

Contractor Initials David Gross

1/12/2023

Date

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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 THE CHESHIRE MEDICAL CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 31, 1980. 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: **62567**

Certificate Number: **0005786276**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of June A.D. 2022.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Officer of Cheshire Medical Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on June 10, 2021, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Don Caruso, MD, Kathryn Willbarger or Daniel Gross (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Cheshire Medical Center 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: 1/12/2023

Signature of Elected Officer
Name: Susan Abert
Title: Chair, Cheshire Medical Center,
Board of Trustees

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DARTHIT-01 CSMITH10

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2022

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

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

PRODUCER License # 1780862 HUB International New England 100 Central Street Suite 201 Holliston, MA 01746	CONTACT NAME: Lauren Stiles PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Lauron.Stiles@hubinternational.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Safety National Casualty Corporation — 15105
INSURED Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AGC4066562	7/1/2022	7/1/2023	X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of Workers Compensation coverage for Cheshire Medical Center.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF INSURANCE

DATE: October 27, 2022

COMPANY AFFORDING COVERAGE
Hamden Assurance Risk Retention Group, Inc.
P.O. Box 1687
30 Main Street, Suite 330
Burlington, VT 05401

INSURED
Cheshire Medical Center
590 Court Street
Keene, NH 02241

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

COVERAGES

The Policy listed below has been issued to the Named Insured above for the Policy Period notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued. The insurance afforded by the policy is subject to all the terms, exclusions and conditions of the policy. Limits shown may have been reduced by paid claims.

TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY		0002022-A	7/1/2022	7/1/2023	EACH OCCURRENCE	$1,000,000
					DAMAGE TO RENTED PREMISES	$1,000,000
X	CLAIMS MADE				MEDICAL EXPENSES	N/A
					PERSONAL & ADV INJURY	$1,000,000
	OCCURRENCE				GENERAL AGGREGATE	$3,000,000
OTHER					PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY					EACH CLAIM	$1,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health & Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION
Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 DAYS written notice to the certificate holder named below, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

AUTHORIZED REPRESENTATIVES



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Dartmouth Health

Cheshire Medical Center

Mission, Vision, and Values

Mission

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

Vision

To continually improve the health outcomes of the people we care for through our role in providing high-value health care; remaining a sustainable resource for our region.

Values

Excellence – Delivering care at the highest possible standard to every patient, every day
Compassion – Taking the humanity of others into account during every interaction
Collaboration – Working closely with colleagues and partners to achieve operational improvements and implement effective solutions
Inclusiveness – Celebrating and respecting the identity, perspective, and background of every patient and staff member
Responsibility – Acting as good stewards of resources and working to control costs
Vigilance – Keeping the safety of patients and colleagues first and foremost
Transparency – Being clear and honest with patients and colleagues

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Dartmouth-Hitchcock Health and Subsidiaries

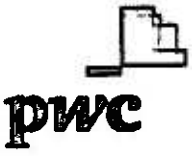
Consolidated Financial Statements
June 30, 2022 and 2021

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Dartmouth-Hitchcock Health and Subsidiaries
Index
June 30, 2022 and 2021

	Page(s)
Report of Independent Auditors	1–2
Consolidated Financial Statements	
Balance Sheets	3
Statements of Operations and Changes in Net Assets	4–5
Statements of Cash Flows	6
Notes to Financial Statements	7–49
Consolidating Supplemental Information	
Balance Sheets	51–54
Statements of Operations and Changes in Net Assets without Donor Restrictions	55–58
Note to the Supplemental Consolidating Information	59

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Report of Independent Auditors

To the Board of Trustees of Dartmouth-Hitchcock Health and subsidiaries

Opinion

We have audited the accompanying consolidated financial statements of Dartmouth-Hitchcock Health and its subsidiaries (the "Health System"), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, including the related notes (collectively referred to as the "consolidated financial statements").

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

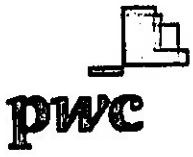
In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date the consolidated financial statements are issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

PricewaterhouseCoopers LLP, 101 Seaport Boulevard, Suite 500, Boston, MA 02210
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In performing an audit in accordance with US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment; there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The accompanying consolidating information as of and for the years ended June 30, 2022 and 2021 is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies.

PricewaterhouseCoopers LLP

Boston, Massachusetts
November 16, 2022

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Balance Sheets
June 30, 2022 and 2021

(in thousands of dollars)	2022	2021
Assets		
Current assets		
Cash and cash equivalents	$ 191,929	$ 374,928
Patient accounts receivable, net (Note 4)	251,250	232,161
Prepaid expenses and other current assets	169,133	157,318
Total current assets	612,312	764,407
Assets limited as to use (Notes 5 and 7)	1,181,094	1,378,479
Other investments for restricted activities (Notes 5 and 7)	175,116	168,035
Property, plant, and equipment, net (Note 6)	764,840	680,433
Right-of-use assets, net (Note 16)	58,925	58,410
Other assets	172,163	177,098
Total assets	$ 2,964,450	$ 3,226,862
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt (Note 10)	$ 6,596	$ 9,407
Current portion of right-of-use obligations (Note 16)	11,319	11,289
Current portion of liability for pension and other postretirement plan benefits (Note 11)	3,500	3,468
Accounts payable and accrued expenses	156,572	131,224
Accrued compensation and related benefits	190,560	182,070
Estimated third-party settlements (Note 3 and 4)	134,898	252,543
Total current liabilities	503,445	590,001
Long-term debt, excluding current portion (Note 10)	1,117,288	1,126,357
Long-term right-of-use obligations, excluding current portion (Note 16)	48,824	48,167
Insurance deposits and related liabilities (Note 12)	78,391	79,974
Liability for pension and other postretirement plan benefits, excluding current portion (Note 11)	228,606	224,752
Other liabilities	154,096	214,714
Total liabilities	2,130,650	2,283,965
Commitments and contingencies (Notes 3, 4, 6, 7, 10, 13, and 16)		
Net assets		
Net assets without donor restrictions (Note 9)	634,297	758,627
Net assets with donor restrictions (Notes 8 and 9)	199,503	184,270
Total net assets	833,800	942,897
Total liabilities and net assets	$ 2,964,450	$ 3,226,862

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets
Years Ended June 30, 2022 and 2021

(In thousands of dollars)	2022	2021
Operating revenue and other support		
Net patient service revenue (Note 4)	$ 2,243,237	$ 2,138,287
Contracted revenue	77,666	85,263
Other operating revenue (Note 4)	534,031	424,958
Net assets released from restrictions	15,894	15,201
Total operating revenue and other support	2,870,828	2,663,709
Operating expenses		
Salaries	1,315,407	1,185,910
Employee benefits	322,570	302,142
Medications and medical supplies	649,272	545,523
Purchased services and other	403,862	383,949
Medicaid enhancement tax (Note 4)	82,725	72,941
Depreciation and amortization	86,958	88,921
Interest (Note 10)	32,113	30,787
Total operating expenses	2,892,907	2,610,173
Operating (loss) income	(22,079)	53,536
Non-operating (losses) gains		
Investment (loss) income, net (Note 5)	(78,744)	203,776
Other components of net periodic pension and post retirement benefit income (Note 11 and 14)	13,910	13,559
Other losses, net (Note 10)	(6,658)	(4,233)
Total non-operating (losses) gains, net	(71,492)	213,102
(Deficiency) excess of revenue over expenses	$ (93,571)	$ 266,638

Consolidated Statements of Operations and Changes in Net Assets – continues on next page

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Operations and Changes in Net Assets - Continued
Years Ended June 30, 2022 and 2021

(in thousands of dollars)	2022	2021
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (93,571)	$ 266,638
Net assets released from restrictions for capital	1,573	2,017
Change in funded status of pension and other postretirement benefits (Note 11)	(32,309)	59,132
Other changes in net assets	(23)	(186)
(Decrease) Increase in net assets without donor restrictions	(124,330)	327,601
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	39,710	30,107
Investment (loss) income, net	(7,010)	19,153
Net assets released from restrictions	(17,467)	(17,218)
Increase in net assets with donor restrictions	15,233	32,042
Change in net assets	(109,097)	359,643
Net assets		
Beginning of year	942,897	583,254
End of year	$ 833,800	$ 942,897

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

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended June 30, 2022 and 2021

(in thousands of dollars)	2022	2021
Cash flows from operating activities		
Change in net assets	$ (109,097)	$ 359,643
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	87,006	88,904
Amortization of bond premium, discount, and issuance cost, net	(2,764)	(2,820)
Amortization of right-of-use asset	9,270	10,034
Payments on right-of-use lease obligations - operating	(9,190)	(9,844)
Change in funded status of pension and other postretirement benefits	32,309	(59,132)
(Gain) loss on disposal of fixed assets	(523)	592
Net realized gains and change in net unrealized gains on investments	86,652	(228,489)
Restricted contributions and investment earnings	(20,151)	(3,445)
Proceeds from sales of donated securities	10,665	-
Changes in assets and liabilities		
Patient accounts receivable, net	(19,089)	(48,342)
Prepaid expenses and other current assets	(9,915)	4,588
Other assets, net	2,517	(39,760)
Accounts payable and accrued expenses	17,104	1,223
Accrued compensation and related benefits	8,490	39,079
Estimated third-party settlements	(120,117)	9,787
Insurance deposits and related liabilities	(1,583)	2,828
Liability for pension and other postretirement benefits	(28,422)	(40,373)
Other liabilities	(56,687)	11,267
Net cash (used in) provided by operating activities	(123,525)	95,740
Cash flows from investing activities		
Purchase of property, plant, and equipment	(160,855)	(122,347)
Proceeds from sale of property, plant, and equipment	613	316
Purchases of investments	(65,286)	(95,943)
Proceeds from maturities and sales of investments	137,781	75,071
Net cash used in investing activities	(87,747)	(142,903)
Cash flows from financing activities		
Proceeds from line of credit	30,000	-
Payments on line of credit	(30,000)	-
Repayment of long-term debt	(9,116)	(9,183)
Repayment of finance leases	(3,253)	(3,117)
Payment of debt issuance costs	-	(230)
Restricted contributions and investment earnings	20,151	3,445
Net cash provided by (used in) financing activities	7,782	(9,085)
Decrease in cash and cash equivalents	(203,490)	(56,248)
Cash and cash equivalents, beginning of year	396,975	453,223
Cash and cash equivalents, end of year	$ 193,485	$ 396,975
Supplemental cash flow information		
Interest paid	$ 42,867	$ 41,819
Construction in progress included in accounts payable and accrued expenses	9,407	16,192
Donated securities	10,665	-

The following table reconciles cash and cash equivalents on the consolidated balance sheets to cash, cash equivalents and restricted cash on the consolidated statements of cash flows.

	2022	2021
Cash and cash equivalents	$ 191,929	$ 374,928
Cash and cash equivalents included in assets limited as to use	1,350	18,500
Restricted cash and cash equivalents included in other investments for restricted activities	206	3,547
Total of cash, cash equivalents, and restricted cash shown in the consolidated statements of cash flows	$ 193,485	$ 396,975

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

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1. Organization and Community Benefit Commitments

Dartmouth-Hitchcock Health (D-HH), its Members, and their Subsidiaries (the Health System) is a system of hospitals, clinics, and other healthcare service providers across New Hampshire and Vermont. The Health System's mission is to advance health through research, education, clinical practice, and community partnerships, providing each person the best care, in the right place, at the right time, every time. The Health System seeks to achieve the healthiest population possible, leading the transformation of health care in the region and setting the standard for the nation. The Health System's expanding network of services are the fabric of its commitment to serve the region with exceptional medical care.

Dartmouth-Hitchcock Health (D-HH) serves as the sole corporate member of the following entities: Dartmouth-Hitchcock Clinic (DHC) and Subsidiaries, Mary Hitchcock Memorial Hospital (MHMH) and Subsidiaries, (DHC and MHMH together are referred to as D-H), The New London Hospital Association, Inc. (NLH), Windsor Hospital Corporation (d/b/a Mt. Ascutney Hospital and Health Center) (MAHHC) and Subsidiaries, The Cheshire Medical Center (Cheshire) and Subsidiaries, Alice Peck Day Memorial Hospital (APD) and Subsidiary, and Visiting Nurse and Hospice for Vermont and New Hampshire (VNH) and Subsidiaries.

The Health System currently operates one tertiary, one community, and three acute care (critical access) hospitals in New Hampshire (NH) and Vermont (VT). One facility provides inpatient and outpatient rehabilitation medicine and long-term care. The Health System also operates multiple physician practices, a continuing care retirement community, and a home health and hospice service. The Health System operates a graduate level program for health professions and is the principal teaching affiliate of the Geisel School of Medicine (Geisel), a component of Dartmouth College.

D-HH, DHC, MHMH, NLH, Cheshire, and APD are NH not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC). MAHHC and VNH are VT not-for-profit corporations exempt from federal income taxes under Section 501(c)(3) of the IRC.

On September 30, 2019, D-HH and GraniteOne Health (GOH) entered into an agreement (The Combination Agreement) to combine their respective healthcare systems. The parties submitted filings with the Federal Trade Commission and the New Hampshire Attorney General's Office, seeking regulatory clearance of the proposed transaction. On May 13, 2022, D-HH and GOH ended their pursuit of regulatory approval of the transaction and terminated the Combination Agreement.

Community Benefits
Consistent with its mission, the Health System provides high quality, cost effective, comprehensive, and integrated healthcare to individuals, families, and the communities it serves regardless of a patient's ability to pay. The Health System actively supports community-based healthcare and promotes the coordination of services among healthcare providers and social services organizations. In addition, the Health System seeks to work collaboratively with other area healthcare providers to improve the health status of the region. As a component of an integrated

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academic medical center, the Health System provides significant support for academic and research programs.

Certain member hospitals of the Health System file annual Community Benefits Reports with the State of NH, which outline the community and charitable benefits each provides. VT hospitals are not required by law to file a state Community Benefit Report. The categories used in the Community Benefit Reports to summarize these benefits are as follows:

- *Community Health Improvement Services* include activities carried out to improve community health, and could include community health education (such as classes, programs, support groups, and materials that promote wellness and prevent illness), community-based clinical services (such as free clinics and health screenings), and healthcare support services (enrollment assistance in public programs, assistance in obtaining free or reduced costs medications, telephone information services, or transportation programs to enhance access to care, etc.).

- *Health Professions Education* includes uncompensated costs of training medical students, residents, nurses, and other health care professionals

- *Subsidized Health Services* are services provided by the Health System, resulting in financial losses that meet the needs of the community and would not otherwise be available unless the responsibility was assumed by the government.

- *Research* includes costs, in excess of awards, for numerous health research and service initiatives within the Health System.

- *Cash and In-Kind Contributions* occur outside of the System through various financial contributions of cash, in-kind donations, and grants to local organizations.

- *Community-Building Activities* include expenses incurred to support the development of programs and partnerships intended to address public health challenges, as well as social and economic determinants of health. Examples include physical improvements and housing, economic development, support system enhancements, environmental improvements, leadership development and training for community members, community health improvement advocacy, and workforce enhancement.

- *Charity Care* includes losses, at-cost, incurred by providing health care services to persons qualifying for hospital financial assistance programs.

- *The Uncompensated Cost of Care for Medicaid* patients reported in the unaudited Community Benefits Reports for 2021 was approximately $198,859,000. The 2022 Community Benefits Reports are expected to be filed in February 2023.

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The following table summarizes the value of the community benefit initiatives outlined in the Health System's most recently filed Community Benefit Reports for the year ended June 30, 2021:

(in thousands of dollars)		
Uncompensated cost of care for Medicaid	$	198,859
Health professional education		41,554
Subsidized health services		16,785
Charity care		12,678
Community health improvement services		13,589
Research		4,839
Cash and In-Kind Contributions		4,741
Community building activities		2,885
Total community benefit value	$	295,930

In fiscal years 2022 and 2021, funds received to offset or subsidize charity care costs provided were $452,000 and $848,000, respectively.

For fiscal year 2022, Medicare costs exceeding reimbursement totaled $105,460,000.

2. Summary of Significant Accounting Policies

Basis of Presentation

The consolidated financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America, and have been prepared consistent with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 954, *Healthcare Entities*, which addresses the accounting for healthcare entities. The net assets, revenue, expenses, gains, and losses of healthcare entities are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets without donor restrictions are amounts not subject to donor-imposed stipulations and are available for operations. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose, or whose use has been restricted by donors to be maintained in perpetuity. All significant intercompany transactions have been eliminated upon consolidation.

Use of Estimates

The preparation of the consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting periods. The most significant areas that are affected by the use of estimates include implicit and explicit pricing concessions, valuation of certain investments, estimated third-party settlements, insurance reserves, and pension obligations. Actual results may differ from those estimates.

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(Deficiency) Excess of Revenue over Expenses
The Consolidated Statements of Operations and Changes in Net Assets include the (deficiency) excess of revenue over expenses. Operating revenues consist of those items attributable to the care of patients, including contributions and investment (loss) income on investments of net assets without donor restrictions, which are utilized to provide charity and other operational support. Peripheral activities, including realized gains/losses on sales of investment securities and changes in unrealized gains/losses on investments are reported as non-operating (losses) gains.

Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets), and change in funded status of pension and other postretirement benefit plans.

Charity Care
The Health System provides care to patients who meet certain criteria under their financial assistance policies without charge, or at amounts less than their established rates. Because the Health System does not anticipate collection of amounts qualifying as charity care, they are not reported as revenue.

The Health System grants credit, without collateral, to patients. Most are local residents and are insured under third-party arrangements. The amount of charges for implicit price concessions is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental healthcare coverage, and other collection indicators (Notes 1 and 4).

Patient Service Revenue
The Health System applies the accounting provisions of ASC 606, *Revenue from Contracts with Customers* (ASC 606). Patient service revenue is reported at the amount of consideration to which the Health System expects to be entitled from patients, third party payors, and others, for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and implicit pricing concessions. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as estimates change or final settlements are determined (Note 4).

Contracted Revenue
The Health System has various Professional Service Agreements (PSAs), pursuant to which certain organizations purchase services of personnel employed by the Health System and also lease space and equipment. Revenue pursuant to these PSAs, and certain facility and equipment leases and other professional service contracts, have been classified as contracted revenue in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other Revenue
The Health System recognizes other revenue, which is not related to patient medical care but is central to the day-to-day operations of the Health System. Other revenue, which consists primarily of revenue from retail pharmacy, specialty pharmacy, and contract pharmacy, is recorded in the amounts to which it expects to be entitled in exchange for the prescriptions. Other revenue also includes Coronavirus Aid, Relief, and Economic Securities Act (CARES Act Provider Relief Funds)

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from the Department of Health and Human Services (HHS), operating agreements, grant revenue, cafeteria sales, and other support service revenue (Note 3 and 4).

Cash Equivalents
Cash and cash equivalents include amounts on deposit with financial institutions, short-term investments with maturities of three months or less at the time of purchase, and other highly liquid investments (primarily cash management funds), which would be considered level 1 investments under the fair value hierarchy. All short-term, highly liquid, investments included within the Health System's endowment and similar investment pools, otherwise qualifying as cash equivalents, are classified as investments at fair value and, therefore, are excluded from cash and cash equivalents in the Consolidated Statements of Cash Flows.

Investments and Investment (Loss) Income
Investments in equity securities with readily determinable fair values, mutual funds, governmental securities, debt securities, and pooled/commingled funds are reported at fair value with changes in fair value included in the (deficiency) excess of revenues over expenses. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

Investments in pooled/commingled investment funds, private equity funds, and hedge funds that represent investments where the Health System owns shares or units of funds rather than the underlying securities in that fund are valued using the equity method of accounting with changes in value recorded in the (deficiency) excess of revenue over expenses.

Certain members of the Health System are partners in a NH general partnership established for the purpose of operating a master investment program of pooled investment accounts. Substantially all of the Health System's board-designated and assets with donor restrictions, such as endowment funds, were invested in these pooled funds by purchasing units based on the market value of the pooled funds at the end of the month prior to receipt of any new additions to the funds. Interest, dividends, and realized and unrealized gains and losses earned on pooled funds are allocated monthly based on the weighted average units outstanding at the prior month-end.

Investment income or losses (including change in unrealized and realized gains and losses on investments, change in value of equity method investments, interest, and dividends) are included in the (deficiency) excess of revenue over expenses and classified as non-operating gains and losses, unless the income or loss is restricted by donor or law (Note 9).

Fair Value Measurement of Financial Instruments
The Health System estimates fair value based on a valuation framework that uses a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy, as defined by ASC 820, *Fair Value Measurements and Disclosures*, are described below:

Level 1 Unadjusted quoted prices in active markets that are accessible at the measurement date for assets or liabilities.

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Level 2 Prices other than quoted prices in active markets that are either directly or indirectly observable as of the date of measurement.

Level 3 Prices or valuation techniques that are both significant to the fair value measurement and unobservable.

The carrying amounts of patient accounts receivable, prepaid and other current assets, accounts payable and accrued expenses approximate fair value due to the short maturity of these instruments.

Property, plant, and equipment
Property, plant, and equipment, and other real estate are stated at cost at the time of purchase or fair value at the time of donation, less accumulated depreciation. The Health System's policy is to capitalize expenditures for major improvements and to charge expense for maintenance and repair expenditures which do not extend the lives of the related assets. The provision for depreciation has been determined using the straight-line method at rates which are intended to amortize the cost of assets over their estimated useful lives which range from 10 to 40 years for buildings and improvements, 2 to 20 years for equipment, and the shorter of the lease term, or 5 to 12 years, for leasehold improvements. Certain software development costs are amortized using the straight-line method over a period of up to 10 years. Net interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

The fair value of a liability for legal obligations associated with asset retirements is recognized in the period in which it is incurred, if a reasonable estimate of the fair value of the obligation can be made. When a liability is initially recorded, the cost of the asset retirement obligation is capitalized by increasing the carrying amount of the related long-lived asset. Over time, the liability is accreted to its present value each period and the capitalized cost associated with the retirement is depreciated over the useful life of the related asset. Upon settlement of the obligation, any difference between the actual cost to settle the asset retirement obligation and the liability recorded is recognized as a gain or loss in the consolidated statements of operations and changes in net assets.

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

Bond Issuance Costs
Bond issuance costs, classified on the consolidated balance sheets within long-term debt, are amortized over the term of the related bonds. Amortization is recorded within interest expense in the consolidated statements of operations and changes in net assets using the straight-line method which approximates the effective interest method.

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Intangible Assets and Goodwill
The Health System records within other assets on the consolidated balance sheets goodwill and intangible assets such as trade names and leases-in-place. The Health System considers trade names and goodwill to be indefinite-lived assets, assesses them at least annually for impairment or more frequently if certain events or circumstances warrant and recognizes impairment charges for amounts by which the carrying values exceed their fair values. The Health System has recorded $8,885,000 and $9,403,000 as intangible assets as of June 30, 2022 and 2021, respectively.

Gifts
Gifts without donor restrictions are recorded net of related expenses as non-operating gains. Conditional promises to give and indications of intentions to give to the Health System are reported at fair value at the date the gift is received. Gifts are reported with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions.

Recently Issued Accounting Pronouncements
In March 2020, January 2021, and April 2022, the FASB issued standard updates on Reference Rate Reform in response to the planned discontinuation of the London Inter-Bank Offered Rate (LIBOR), a key interbank reference rate. The standard provides accounting relief to contract modifications and optional expedients for applying U.S. GAAP to contracts and other transactions that reference LIBOR or other reference rates that are expected to be discontinued because of rate reform. The Health System is currently in the process of evaluating the impact of adoption of these standards on the financial statements.

3. The COVID-19 Pandemic

On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic resulting in an extraordinary disruption to our nation's healthcare system. In response to COVID-19, the Coronavirus Aid Relief and Economic Security (CARES) Act was enacted which provided different types of economic support to a wide variety of organizations and individuals. The Health System employed several CARES Act provisions, with the most significant impacts summarized below.

Health and Human Services Provider Relief Funds

The Health System received $100,346,000 and $65,600,000 in CARES Act Provider Relief Funds for the years ended June 30, 2022 and 2021, respectively. The Health System will continue to pursue Provider Relief Funds as available, and as needed, to support the Health System.

In July 2020, HHS issued reporting requirements for CARES Act Provider Relief Funds, requiring recipients to identify healthcare-related expenses that remain unreimbursed by another source, attributable to the COVID-19 pandemic. If those expenses do not exceed the funding received, recipients will need to demonstrate that the remaining funds were used to compensate for a negative variance in patient service revenue. HHS is entitled to recoup Provider Relief Funds

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awarded in excess of expenses attributable to the COVID-19 pandemic that were not reimbursed by another source plus losses incurred due to the decline in patient care revenue. There have been no recoupments through June 2022.

Medicare and Medicaid Services (CMS) Accelerated and Advance Payment Program

The Health System received CMS prepayment advances, related to the CARES Act, totaling $245,200,000. In addition, the Health System accumulated payroll tax deferrals of $33,100,000. Repayment of funds commenced in April 2021. The balances of CMS prepayment advances and accumulated payroll tax deferrals at June 30, 2022 were $54,890,000 and $16,550,000, respectively, and are included in estimated third party settlements and accrued compensation and related benefits on the Consolidated Balance Sheets.

The Health System continues to address the challenges and impacts of the COVID-19 pandemic including protecting the health and safety of employees and patients as well as assessing the availability of personal protective equipment and other needed supplies to be better positioned for potential surges. Additionally, the Health System continues to evaluate the impact of new or changes to laws and regulations at the federal, state, and local levels and the potential effect on Health System staffing and operations. At this time, the Health System cannot accurately predict the full extent to which the COVID-19 pandemic will affect the Health System's future finances and operations.

4. Net Patient Service Revenue and Accounts Receivable

The Health System reports net patient service revenue at amounts that reflect the consideration to which it expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including managed care payers and government programs), and others; and they include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Health System bills patients and third-party payers several days after the services were performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied under contracts by providing healthcare services to patients.

The Health System determines performance obligations based on the nature of the services provided. Revenues for performance obligations satisfied over time are recognized based on actual charges incurred in relation to total expected charges as this method provides a reasonable estimate of the transfer of services over the term of performance obligations based on inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients receiving inpatient acute care services. For inpatient services, performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services and physician services, performance obligations are recognized at a point in time when the services are provided and no further patient services are deemed necessary.

Generally, the Health System's patient service performance obligations relate to contracts with a duration of less than one year, therefore the Health System has elected to apply the optional exemption provided in ASC 606-10-50-14a and, therefore, we are not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied

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or partially unsatisfied at the end of the reporting period. This generally refers to inpatient services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Established charges represent gross charges. They are not the same as actual pricing, and they generally do not reflect what a hospital is ultimately entitled to for services it provides. Therefore, they are not displayed in the Health System's consolidated statements of operations and changes in net assets.

Hospitals are paid amounts negotiated with insurance companies or set by government entities, which are typically less than established or standard charges. Gross charges are used to calculate Medicare outlier payments and to determine certain elements of payment under managed care contracts. Gross charges are what hospitals charge all patients prior to the application of contractual adjustments and implicit price concessions.

Explicit Pricing Concessions
Revenues for the Health System under the traditional fee-for service Medicare and Medicaid programs are based on prospectively determined rates per discharge or visit, reasonable (allowable) cost, or prospective rates per episodic period, depending on the type of provider.

- Inpatient acute care services provided to Medicare program beneficiaries are paid using the prospective payment system (PPS) to determine rates-per-discharge. These rates vary according to a patient classification system (DRG), based on diagnostic, clinical, and other factors. In addition, inpatient capital costs (depreciation and interest) are reimbursed by Medicare on the basis of a prospectively determined rate per discharge. Medicare outpatient services are paid on a prospective payment system, based on a pre-determined amount for each outpatient procedure (APC), subject to various mandated modifications. Retrospectively determined cost-based revenues under these programs, such as indirect medical education, direct graduate medical education, disproportionate share hospital, transplant services, and bad debt reimbursement are based on the hospital's cost reports and are estimated using historical trends and current factors. The Health System's payments for inpatient services rendered to NH and VT Medicaid beneficiaries are based on PPS, while outpatient services are reimbursed on a retrospective cost basis, or fee schedules, for NH beneficiaries. VT outpatient beneficiaries are paid on a prospective basis per outpatient procedure.

- Inpatient acute, swing, and outpatient services furnished by Critical Access Hospitals (CAH) are reimbursed by Medicare at 101% of reasonable costs, subject to 2% sequestration, excluding ambulance services and inpatient hospice care.

- Providers of home health services to patients eligible for Medicare home health benefits are paid on a prospective basis, with no retrospective settlement. The prospective payment is based on the scoring attributed to the acuity level of the patient at a rate determined by federal guidelines.

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- Hospice services to patients eligible for Medicare hospice benefits are paid on a per diem basis, with no retrospective settlement, provided the aggregate annual Medicare reimbursement is below a predetermined aggregate capitated rate.

- The Health System's cost based services to Medicare and Medicaid are reimbursed during the year based on varying interim payment methodologies. Final settlement is determined after the submission of an annual cost report and subject to audit of this report by Medicare and Medicaid auditors, as well as administrative and judicial review. Because the laws, regulations, and rule interpretations, governing Medicare and Medicaid reimbursement are complex and change frequently, the estimates recorded could change over time by material amounts.

- Revenues under Managed Care Plans (MCPs) consist primarily of payment terms involving mutually agreed upon rates per diagnosis, discounted fee-for service rates, or similar contractual arrangements. These revenues are also subject to review and possible audit. The MCPs are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustments in accordance with contractual terms in place with the MCPs following their review and adjudication of each bill.

The Health System is not aware of any claims, disputes, or unsettled matters with any payer that would materially affect its revenues for which it has not adequately provided in the accompanying Health System's consolidated financial statements.

The Health System provides charity care to patients who are unable to pay for healthcare services they receive as determined by financial conditions. Patients who qualify receive partial or full adjustments to charges for services rendered. The Health System's policy is to treat amounts qualified as charity care as explicit price concessions and, as such, are not reported in net patient service revenue.

Vermont imposes a provider tax on home health agencies in the amount of 4.25% of Vermont annual net patient revenue. In fiscal years 2022 and 2021, home health provider taxes paid were $627,000 and $623,000, respectively.

Implicit Price Concessions
Generally, patients who are covered by third-party payer contracts are responsible for related co-pays, co-insurance, and deductibles, which vary depending on the contractual obligations of patients. The Health System also provides services to uninsured patients and offers those patients a discount from standard charges. The Health System estimates the transaction price for patients with co-pays, co-insurance, and deductibles, and for those who are uninsured based on historical collection experience and current market conditions. The discount offered to uninsured patients reduces the transaction price at the time of billing. The uninsured and patient responsible accounts, net of discounts recorded, are further reduced through implicit price concessions based on historical collection trends for similar accounts and other known factors that impact the estimation process. Subsequent changes to the estimate of transaction price are generally recorded as adjustments to net patient services revenue in the period of change.

The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Health System expects to collect based on

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collection history with similar patients. Although outcomes vary, the Health System's policy is to attempt to collect amounts due from patients, including co-pays, co-insurance, and deductibles due from insurance at the time of service while complying with all federal and state statutes and regulations, including but not limited to, the Emergency Medical Treatment and Active Labor Act (EMTALA). Through various systems and processes the Health System estimates Medicare and Medicaid net patient service revenue and cost report settlements and accrues final expected settlements. For filed cost reports, the accrual is recorded based on those filings, subsequent activity, and on historical trends and other relevant evidence. For periods in which a cost report is yet to be filed, accruals are based on estimates of what is expected to be reported, and any trends and relevant evidence. Cost reports generally must be filed within five months of the closing period.

Settlements with third-party payers for retroactive revenue adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely amount. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer, and historical settlement activity, including assessments to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known, or as years are settled or are no longer subject to such audits, reviews or investigations. As of June 30, 2022 and 2021, the Health System had reserves of $134,898,000 and $252,543,000, respectively, recorded in estimated third-party settlements. As of June 30, 2022 and 2021, estimated third-party settlements includes $54,880,000 and $179,382,000 respectively, of Medicare accelerated and advanced payments, received as working capital support during the novel coronavirus ("COVID-19") outbreak.

For the years ended June 30, 2022 and 2021, additional increases in revenue of $19,743,000 and $4,287,000, respectively, were recognized due to changes in estimates of implicit price concessions for performance obligations satisfied in prior years.

Net operating revenues consist primarily of patient service revenues, principally for patients covered by Medicare, Medicaid, managed care and other health plans as well as patients covered under the Health System's uninsured discount and charity care programs.

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The table below shows the Health System's sources of total operating revenue and other support presented at the net transaction price for the years ended June 30, 2022 and 2021.

	2022		
(in thousands of dollars)	PPS	CAH	Total
Hospital			
Medicare	$ 542,292	$ 99,976	$ 642,268
Medicaid	158,121	15,739	173,860
Commercial	809,736	81,395	891,131
Self-pay	7,027	902	7,929
Subtotal	1,517,176	198,012	1,715,188
Professional	470,559	40,186	510,745
Subtotal	1,987,735	238,198	2,225,933
Home based care			17,304
Subtotal			2,243,237
Other revenue			528,762
Provider Relief Funds			98,829
Total operating revenue and other support			$ 2,870,828

	2021		
(in thousands of dollars)	PPS	CAH	Total
Hospital			
Medicare	$ 526,114	$ 81,979	$ 608,093
Medicaid	144,434	11,278	155,712
Commercial	793,274	73,388	866,662
Self-pay	4,419	(721)	3,698
Subtotal	1,468,241	165,924	1,634,165
Professional	446,181	37,935	484,116
Subtotal	1,914,422	203,859	2,118,281
Home based care			20,006
Subtotal			2,138,287
Other revenue			462,517
Provider Relief Funds			62,905
Total operating revenue and other support			$ 2,663,709

Medicaid Enhancement Tax & Disproportionate Share Hospital
On May 22, 2018, the State of New Hampshire and all New Hampshire hospitals (Hospitals) agreed to resolve disputed issues and enter into a seven-year agreement to stabilize Disproportionate Share Hospital (DSH) payments, with provisions for alternative payments in the

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event of legislative changes to the DSH program. Under the agreement, the State committed to make DSH payments to the Hospitals in an amount no less than 86% of the Medicaid Enhancement Tax (MET) proceeds collected in each fiscal year, in addition to providing for directed payments or increased rates for Hospitals in an amount equal to 5% of MET proceeds collected from state fiscal year (SFY) 2021 through SFY 2024. The agreement prioritizes DSH payments to critical access hospitals in an amount equal to 75% of allowable uncompensated care (UCC), with the remainder distributed to Hospitals without critical access designation in proportion to their allowable UCC amounts.

During the years ended June 30, 2022 and 2021, the Health System received DSH payments of approximately, $77,488,000 and $67,940,000, respectively. DSH payments are subject to audit and, therefore, for the years ended June 30, 2022 and 2021, the Health System recognized as revenue DSH receipts of approximately $75,988,000 and approximately $61,602,000, respectively.

During the years ended June 30, 2022 and 2021, the Health System recorded $82,725,000 and $72,941,000, respectively, of State of NH MET and State of VT provider taxes. The taxes are calculated at 5.4% for NH and 6% for VT of certain patient service revenues. The Provider taxes are included in operating expenses in the Consolidated Statements of Operations and Changes in Net Assets.

Accounts Receivable

The following table categorizes payors into four groups based on their respective percentages of patient accounts receivable as of June 30, 2022 and 2021:

	2022	2021
Medicare	38%	34%
Medicaid	12%	13%
Commercial	38%	41%
Self Pay	12%	12%
Total	100%	100%

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5. Investments

The composition of investments at June 30, 2022 and 2021 is set forth in the following table:

(in thousands of dollars)	2022	2021
Assets limited as to use		
Internally designated by board		
Cash and short-term investments	$ 31,130	$ 24,692
U.S. government securities	126,222	157,373
Domestic corporate debt securities	234,490	322,616
Global debt securities	68,610	74,292
Domestic equities	198,742	247,486
International equities	63,634	81,060
Emerging markets equities	34,636	52,636
Global equities	73,035	79,296
Real Estate Investment Trust	2	422
Private equity funds	138,605	110,968
Hedge funds	55,069	-
Subtotal	1,024,175	1,150,841
Investments held by captive insurance companies (Note 12)		
U.S. government securities	27,242	26,759
Domestic corporate debt securities	7,902	5,979
Global debt securities	7,595	6,617
Domestic equities	10,091	11,396
International equities	4,692	6,488
Subtotal	57,522	57,239
Held by trustee under indenture agreement (Note 9)		
Cash and short-term investments	99,397	170,399
Total assets limited as to use	1,181,094	1,378,479
Other investments for restricted activities		
Cash and short-term investments	8,463	13,400
U.S. government securities	27,600	28,330
Domestic corporate debt securities	37,343	40,676
Global debt securities	10,059	8,953
Domestic equities	34,142	33,634
International equities	10,698	9,497
Emerging markets equities	5,587	5,917
Global equities	11,153	8,755
Real Estate Investment Trust	19	21
Private equity funds	21,166	12,251
Hedge funds	8,852	6,557
Other	34	44
Total other investments for restricted activities	175,116	168,035
Total investments	$ 1,356,210	$ 1,546,514

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Investments are accounted for using either the fair value method or equity method of accounting, as appropriate on a case by case basis. The fair value method is used for all debt securities and equity securities that are traded on active markets and are valued at prices that are readily available in those markets. The equity method is used when investments are made in pooled/commingled investment funds that represent investments where shares or units are owned of pooled funds rather than the underlying securities in that fund. These pooled/commingled funds make underlying investments in securities from the asset classes listed above.

The following tables summarize the investments by the accounting method utilized as of June 30, 2022 and 2021. Accounting standards require disclosure of additional information for those securities accounted for using the fair value method, as shown in Note 7.

	2022		
(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 138,990	$ -	$ 138,990
U.S. government securities	181,064	-	181,064
Domestic corporate debt securities	118,642	161,093	279,735
Global debt securities	57,558	28,706	86,264
Domestic equities	191,767	51,208	242,975
International equities	47,631	31,393	79,024
Emerging markets equities	298	39,926	40,224
Global equities	-	84,187	84,187
Real Estate Investment Trust	21	-	21
Private equity funds	-	159,771	159,771
Hedge funds	443	63,478	63,921
Other	34	-	34
Total investments	$ 736,448	$ 619,762	$ 1,356,210

	2021		
(in thousands of dollars)	Fair Value	Equity	Total
Cash and short-term investments	$ 208,491	$ -	$ 208,491
U.S. government securities	212,462	-	212,462
Domestic corporate debt securities	191,112	178,159	369,271
Global debt securities	55,472	34,390	89,862
Domestic equities	225,523	66,993	292,516
International equities	55,389	41,656	97,045
Emerging markets equities	1,888	56,665	58,553
Global equities	-	88,051	88,051
Real Estate Investment Trust	443	-	443
Private equity funds	-	123,219	123,219
Hedge funds	446	6,111	6,557
Other	44	-	44
Total investments	$ 951,270	$ 595,244	$ 1,546,514

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For the years ended June 30, 2022 and 2021, investment (loss) income is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as other operating revenue of approximately $857,000 and $930,000, respectively, and as non-operating (losses) gains of approximately ($78,744,000) and $203,776,000, respectively.

Private equity limited partnership shares are not eligible for redemption from the fund or general partner. It is the intent of the Health System to hold these investments until the fund has fully distributed all proceeds to the limited partners and the term of the partnership agreements expire. Under the terms of these agreements, the Health System has committed to contribute a specified level of capital over a defined period of time. Through June 30, 2022 and 2021, the Health System has outstanding commitments of $75,070,000 and $47,419,000, respectively.

6. Property, Plant, and Equipment

Property, plant, and equipment consists of the following at June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Land	$ 40,749	$ 40,749
Construction in progress	163,145	80,231
Land improvements	44,834	43,927
Buildings and improvements	984,743	955,094
Equipment	1,042,582	993,899
Subtotal property, plant, and equipment	2,276,053	2,113,900
Less accumulated depreciation	1,511,213	1,433,467
Total property, plant, and equipment, net	$ 764,840	$ 680,433

As of June 30, 2022, construction in progress primarily consists of three projects; an in-patient tower, an emergency department (ED) expansion, and a central pharmacy/supply chain facility renovation. The estimated cost to complete the in-patient tower is $52,400,000 with an anticipated completion date occurring in the fourth quarter of fiscal 2023. The estimated cost to complete the ED expansion is $2,000,000 with an expected completion date occurring in the first quarter of fiscal 2023. The estimated cost to complete the central pharmacy/supply chain facility is $1,600,000 with an expected completion date occurring in the first quarter of fiscal 2023.

The construction in progress as of June 30, 2021, included the Manchester Ambulatory Surgical Center (ASC) and the in-patient tower in Lebanon, NH. The ASC was fully operational in October 2021.

Capitalized interest of $6,853,000 and $5,127,000 is included in construction in progress as of June 30, 2022 and 2021, respectively.

Depreciation expense included in operating and non-operating activities was $83,661,000 and $86,011,000 for 2022 and 2021, respectively.

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7. Fair Value Measurements

The following is a description of the valuation methodologies for assets and liabilities measured at fair value on a recurring basis:

Cash and Short-Term Investments
Consists of money market funds and are valued at net asset value (NAV) reported by the financial institution and cash which will be used for future investment opportunities.

Domestic, Emerging Markets and International Equities
Consists of actively traded equity securities and mutual funds which are valued at the closing price reported on an active market on which the individual securities are traded (Level 1 measurements).

U.S. Government Securities, Domestic Corporate and Global Debt Securities
Consists of U.S. government securities, domestic corporate and global debt securities, mutual funds and pooled/commingled funds that invest in U.S. government securities, domestic corporate and global debt securities. Securities are valued based on quoted market prices or dealer quotes where available (Level 1 measurement). If quoted market prices are not available, fair values are based on quoted market prices of comparable instruments or, if necessary, matrix pricing from a third party pricing vendor to determine fair value (Level 2 measurements). Matrix prices are based on quoted prices for securities with similar coupons, ratings and maturities, rather than on specific bids and offers for a designated security. Investments in mutual funds are measured based on the quoted NAV as of the close of business in the respective active market (Level 1 measurements).

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Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth the consolidated financial assets and liabilities that were accounted for at fair value on a recurring basis as of June 30, 2022 and 2021:

	2022			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 138,990	$ -	$ -	$ 138,990
U.S. government securities	181,064	-	-	181,064
Domestic corporate debt securities	1,768	116,874	-	118,642
Global debt securities	24,745	32,813	-	57,558
Domestic equities	187,063	4,704	-	191,767
International equities	47,631	-	-	47,631
Emerging market equities	298	-	-	298
Real estate investment trust	21	-	-	21
Hedge funds	443	-	-	443
Other	-	34	-	34
Total fair value investments	582,023	154,425	-	736,448
Deferred compensation plan assets				
Cash and short-term investments	8,053	-	-	8,053
U.S. government securities	36	-	-	36
Domestic corporate debt securities	10,874	-	-	10,874
Global debt securities	964	-	-	964
Domestic equities	33,742	-	-	33,742
International equities	4,911	-	-	4,911
Emerging market equities	19	-	-	19
Real estate	12	-	-	12
Multi strategy fund	57,964	-	-	57,964
Total deferred compensation plan assets	116,575	-	-	116,575
Beneficial interest in trusts	-	-	16,051	16,051
Total assets	$ 698,598	$ 154,425	$ 16,051	$ 869,074

DocuSign Envelope ID: 4009083C-8C17-4163-9B61-743D96FE0EA8

	2021			
(in thousands of dollars)	Level 1	Level 2	Level 3	Total
Assets				
Investments				
Cash and short term investments	$ 208,491	$ -	$ -	$ 208,491
U.S. government securities	212,462	-	-	212,462
Domestic corporate debt securities	36,163	154,949	-	191,112
Global debt securities	27,410	28,062	-	55,472
Domestic equities	220,434	5,089	-	225,523
International equities	55,389	-	-	55,389
Emerging market equities	1,888	-	-	1,888
Real estate investment trust	443	-	-	443
Hedge funds	446	-	-	446
Other	9	35	-	44
Total fair value investments	763,135	188,135	-	951,270
Deferred compensation plan assets				
Cash and short-term investments	6,099	-	-	6,099
U.S. government securities	48	-	-	48
Domestic corporate debt securities	10,589	-	-	10,589
Global debt securities	1,234	-	-	1,234
Domestic equities	37,362	-	-	37,362
International equities	5,592	-	-	5,592
Emerging market equities	39	-	-	39
Real estate	15	-	-	15
Multi strategy fund	65,257	-	-	65,257
Guaranteed contract	-	-	-	-
Total deferred compensation plan assets	126,235	-	-	126,235
Beneficial interest in trusts	-	-	10,796	10,796
Total assets	$ 889,370	$ 188,135	$ 10,796	$ 1,088,301

The following tables set forth the financial instruments classified by the Health System within Level 3 of the fair value hierarchy defined above as of June 30, 2022 and 2021.

	2022
(in thousands of dollars)	Beneficial Interest In Perpetual Trust
Beginning of year balance	$ 10,796
Net realized/unrealized gains	5,255
End of year balance	$ 16,051

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	2021		
(in thousands of dollars)	Beneficial Interest in Perpetual Trust	Guaranteed Contract	Total
Beginning of year balance	$ 9,202	$ 92	$ 9,294
Net realized/unrealized gains (losses)	1,594	(92)	1,502
End of year balance	$ 10,796	$ -	$ 10,796

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2022 and 2021.

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Investments held in perpetuity	$ 84,117	$ 64,498
Healthcare services	36,123	38,869
Health education	27,164	26,934
Research	27,477	24,464
Charity care	12,155	15,377
Other	8,639	7,215
Purchase of equipment	3,828	6,913
Total net assets with donor restrictions	$ 199,503	$ 184,270

Income earned on donor restricted net assets held in perpetuity is available for these purposes.

9. Board Designated and Endowment Funds

Net assets include funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments. Net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Health System has interpreted the NH and VT Uniform Prudent Management of Institutional Funds Acts (UPMIFA or Act) for donor-restricted endowment funds as requiring the preservation of the original value of gifts, as of the gift date, to donor-restricted endowment funds, absent explicit donor stipulations to the contrary. The Health System's net assets with donor restrictions, which are to be held in perpetuity, consist of (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to be held in perpetuity, and (c)

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accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund, if any. Collectively these amounts are referred to as the historic dollar value of the fund.

Net assets without donor restrictions include funds designated by the Board of Trustees to function as endowments, the income from certain donor-restricted endowment funds, and any accumulated investment return thereon, which pursuant to donor intent may be expended based on trustee or management designation. Net assets with donor restrictions that are temporary in nature, either restricted by time or purpose, include funds appropriated for expenditure pursuant to endowment and investment spending policies, certain expendable endowment gifts from donors, and any retained income and appreciation on donor-restricted endowment funds, which are restricted by the donor to a specific purpose or by law. When the restrictions on these funds have been met, the funds are reclassified to net assets without donor restrictions.

In accordance with the Act, the Health System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: the duration and preservation of the fund; the purposes of the donor-restricted endowment fund; general economic conditions; the possible effect of inflation and deflation; the expected total return from income and the appreciation of investments; other resources available; and investment policies.

The Health System has endowment investment and spending policies that attempt to provide a predictable stream of funding for programs supported by its endowment while ensuring that the purchasing power does not decline over time. The Health System targets a diversified asset allocation that places emphasis on investments in domestic and international equities, fixed income, private equity, and hedge fund strategies to achieve its long-term return objectives within prudent risk constraints. The Health System's Investment Committee reviews the policy portfolio asset allocations, exposures, and risk profile on an ongoing basis.

The Health System, as a policy, may appropriate for expenditure or accumulate so much of an endowment fund as the institution determines is prudent for the uses, benefits, purposes, and duration for which the endowment is established, subject to donor intent expressed in the gift instrument and the standard of prudence prescribed by the Act.

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below their original contributed value. Such market losses were not material as of June 30, 2022 and 2021.

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Endowment net asset composition by type of fund consists of the following at June 30, 2022 and 2021:

	2022		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 107,590	$ 107,590
Board-designated endowment funds	41,344	-	41,344
Total endowed net assets	$ 41,344	$ 107,590	$ 148,934

	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment funds	$ -	$ 108,213	$ 108,213
Board-designated endowment funds	41,728	-	41,728
Total endowed net assets	$ 41,728	$ 108,213	$ 149,941

Changes in endowment net assets for the years ended June 30, 2022 and 2021 are as follows:

	2022		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 41,728	$ 108,213	$ 149,941
Net investment return	(1,065)	(3,998)	(5,063)
Contributions	-	12,950	12,950
Transfers	795	(7,105)	(6,310)
Release of appropriated funds	(114)	(2,470)	(2,584)
End of year balances	$ 41,344	$ 107,590	$ 148,934

End of year balances	107,590
Beneficial interest in perpetual trusts	14,903
Net assets with donor restrictions	$ 122,493

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	2021		
(in thousands of dollars)	Without Donor Restrictions	With Donor Restrictions	Total
Beginning of year balances	$ 33,714	$ 80,039	$ 113,753
Net investment return	7,192	17,288	24,480
Contributions	894	13,279	14,173
Transfers	-	418	418
Release of appropriated funds	(72)	(2,811)	(2,883)
End of year balances	$ 41,728	$ 108,213	$ 149,941

End of year balances	108,213
Beneficial interest in perpetual trusts	9,721
Net assets with donor restrictions	$ 117,934

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10. Long-Term Debt

A summary of obligated group debt at June 30, 2022 and 2021 is as follows:

(In thousands of dollars)	2022	2021
Variable rate issues		
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds		
Series 2018A, principal maturing in varying annual amounts, through August 2037 (1)	$ 83,355	$ 83,355
Fixed rate issues		
New Hampshire Health and Education Facilities Authority Revenue Bonds		
Series 2018B, principal maturing in varying annual amounts, through August 2048 (1)	303,102	303,102
Series 2020A, principal maturing in varying annual amounts, through August 2059 (2)	125,000	125,000
Series 2017A, principal maturing in varying annual amounts, through August 2040 (3)	122,435	122,435
Series 2017B, principal maturing in varying annual amounts, through August 2031 (3)	109,800	109,800
Series 2019A, principal maturing in varying annual amounts, through August 2043 (4)	99,165	99,165
Series 2018C, principal maturing in varying annual amounts, through August 2030 (5)	23,950	24,425
Series 2012, principal maturing in varying annual amounts, through July 2039 (6)	22,605	23,470
Series 2014B, principal maturing in varying annual amounts, through August 2033 (7)	14,530	14,530
Series 2016B, principal maturing in varying annual amounts, through August 2045 (8)	10,970	10,970
Series 2014A, principal maturing in varying annual amounts, through August 2022 (7)	4,810	12,385
Note payable		
Note payable to a financial institution due in monthly interest only payments through May 2035 (9)	125,000	125,000
Total obligated group debt	$ 1,044,722	$ 1,053,637

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A summary of long-term debt at June 30, 2022 and 2021 is as follows:

(in thousands of dollars)	2022	2021
Other		
Mortgage note payable to the US Dept of Agriculture; monthly payments of $10,892 include interest of 2.375% through November 2046	$ 2,417	$ 2,489
Note payable to a financial institution with entire principal due June 2034; collateralized by land and building. The note payable is interest free	247	273
Note payable to a financial institution payable in interest free monthly installments through December 2024; collateralized by associated equipment	55	147
Total nonobligated group debt	2,719	2,909
Total obligated group debt	1,044,722	1,053,637
Total long-term debt	1,047,441	1,056,546
Add: Original issue premium and discounts, net	83,249	86,399
Less: Current portion	6,596	9,407
Debt issuance costs, net	6,806	7,181
Total long-term debt, net	$ 1,117,288	$ 1,126,357

Aggregate annual principal payments for the next five years ending June 30 and thereafter are as follows:

(in thousands of dollars)	2022
2023	$ 6,596
2024	15,207
2025	19,362
2026	20,209
2027	20,915
Thereafter	965,152
Total	$ 1,047,441

Dartmouth-Hitchcock Obligated Group (DHOG) Debt
MHMH established the DHOG for the purpose of issuing bonds financed through NHHEFA or the "Authority". The members of the obligated group consist of D-HH, MHMH, DHC, Cheshire, NLH, MAHHC, and, APD. D-HH is designated as the obligated group agent.

Revenue bonds, issued by members of the DHOG, are administered through notes registered in the name of the Bond Trustee and in accordance with the terms of a Master Trust Indenture. The Master Trust Indenture contains provisions permitting the addition, withdrawal, or consolidation of members of the DHOG under certain conditions. The notes constitute a joint and several obligation

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of the members of the DHOG (and any other future members of the DHOG) and are equally and ratably collateralized by a pledge of the members' gross receipts. The DHOG is also subject to certain annual covenants under the Master Trust Indenture, the most restrictive is the Annual Debt Service Coverage Ratio (1.10x).

(1) Series 2018A and Series 2018B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018A and Series 2018B, in February 2018. The Series 2018A revenue bonds mature in variable amounts through 2037 and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds. The Series 2018B revenue bonds mature in variable amounts through 2048, and were used primarily to refund a portion of Series 2015A and Series 2016A revenue bonds, revolving line of credit, Series 2012 bank loan, and the Series 2015A and Series 2016A swap terminations. The interest on the Series 2018A revenue bonds is variable, with a current interest rate of 5.00%. The interest on the Series 2018B revenue bonds is fixed, with an interest rate of 4.18%, and matures in variable amounts through 2048.

(2) Series 2020A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2020A, in February 2020. The Series 2020A revenue bonds mature in variable amounts through 2059 and the proceeds are being used primarily to fund the construction of a 212,000 square foot inpatient pavilion in Lebanon, NH, as well as various equipment. The interest on the Series 2020A revenue bonds is fixed, with an interest rate of 5.00%.

(3) Series 2017A and Series 2017B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2017A and Series 2017B, in December 2017. The Series 2017A revenue bonds mature in variable amounts through 2040 and were used primarily to refund Series 2009 and Series 2010 revenue bonds. The Series 2017B revenue bonds mature in variable amounts through 2031 and were used to refund Series 2012A and Series 2012B revenue bonds. The interest on the Series 2017A revenue bonds is fixed, with an interest rate of 5.00%. The interest on the Series 2017B revenue bonds is fixed, with an interest rate of 2.54%.

(4) Series 2019A Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2019A, in October 2019. The Series 2019A revenue bonds mature in variable amounts through 2043 and were used primarily to fund the construction of a 91,000 square foot expansion of facilities in Manchester, NH, to include an Ambulatory Surgical Center as well as various equipment. The interest on the Series 2019A revenue bonds is fixed, with an interest rate of 4.00%.

(5) Series 2018C Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2018C, in August 2018. The Series 2018C revenue bonds mature in variable amounts through 2030 and were used primarily to refinance

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the Series 2010 revenue bonds. The interest on the Series is fixed, with an interest rate of 3.22%.

(6) Series 2012 Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2012, in November 2012. The Series 2012 revenue bonds mature in variable amounts through 2039 and were used to refund 1998 and 2009 Series revenue bonds, finance the settlement cost of the interest rate swap, and finance the purchase of certain equipment and renovations. The revenue bonds have fixed interest coupon rates ranging from 2.0% to 5.0% (a net interest cost of 3.96%).

(7) Series 2014A and Series 2014B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2014A and Series 2014B, in August 2014. The Series 2014A revenue bonds mature in 2022. The Series 2014B revenue bonds mature at various dates through 2033. The proceeds from the Series 2014A and 2014B revenue bonds were used partially to refund the Series 2009 revenue bonds and to cover cost of issuance. Interest on the 2014A revenue bonds is fixed, with an interest rate of 2.63%. Interest on the Series 2014B revenue bonds is fixed, with an interest rate of 4.00%.

(8) Series 2016B Revenue Bonds

The DHOG issued NHHEFA Revenue Bonds, Series 2016B, in July 2016, through a private placement with a financial institution. The Series 2016B revenue bonds mature at various dates through 2045 and were used to finance certain 2016 projects. The Series 2016B is fixed, with an interest rate of 1.78%.

(9) Note payable to financial institution

The DHOG issued a note payable to TD Bank in May 2020. Issued in response to the COVID-19 pandemic, the proceeds from the note will be used to fund working capital, as needs require. The note matures at various dates through 2035 and is fixed, with an interest rate of 2.56%.

Outstanding joint and several indebtedness of the DHOG at June 30, 2022 and 2021 is $1,044,722 and $1,053,637, respectively.

The Health System indenture agreements require establishment and maintenance of debt service reserves and other trustee held funds. Trustee held funds of $99,397,000 and $170,399,000 at June 30, 2022 and 2021, respectively, are classified as assets limited as to use in the accompanying Consolidated Balance Sheets (Note 5). In addition, debt service reserves of approximately $6,674,000 and $8,035,000 at June 30, 2022 and 2021, respectively, are classified as other current assets in the accompanying Consolidated Balance Sheets. The debt service reserves are mainly comprised of escrowed construction funds at June 30, 2022 and 2021.

For the years ended June 30, 2022 and 2021 interest expense on the Health System's long-term debt is reflected in the accompanying Consolidated Statements of Operations and Changes in Net Assets as operating expense of approximately $32,113,000 and $30,787,000, respectively, and other non-operating losses of $3,782,000 and $3,782,000, respectively, net of amounts capitalized.

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11. Employee Benefits

Eligible employees of the Health System are covered under various defined benefit and/or defined contribution plans. In addition, certain members provide postretirement medical and life insurance benefit plans to certain active and former employees who meet eligibility requirements. The postretirement medical and life plans are not funded.

The Health System's defined benefit plans have been frozen and, therefore, there are no remaining participants earning benefits in any of the Health System's defined benefit plans.

For the year ended June 30, 2021, the Health System executed the settlement of obligations, due to retirees in the defined benefit plans, through bulk lump sum offerings or purchases of annuity contracts. The annuity purchases follow guidelines established by the Department of Labor (DOL). The Health System anticipates continued consideration and/or implementation of additional settlements over the next several years.

Defined Benefit Plans
Net periodic pension expense included in employee benefits expense, in the Consolidated Statements of Operations and Changes in Net Assets, is comprised of the following components for the years ended June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Interest cost on projected benefit obligation	$ 36,722	$ 36,616
Expected return on plan assets	(65,917)	(63,261)
Net loss amortization	13,139	14,590
Total net periodic pension expense	$ (16,056)	$ (12,055)

The following assumptions were used to determine net periodic pension expense as of June 30, 2022 and 2021:

	2022	2021
Discount rates	3.30%	3.00 - 3.10%
Rate of increase in compensation	N/A	N/A
Expected long-term rates of return on plan assets	7.50%	7.50%

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The following table sets forth the funded status and amounts recognized in the Health System's consolidated financial statements for the defined benefit pension plans at June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Change in benefit obligation		
Benefit obligation, beginning of year	$ 1,140,221	$ 1,209,100
Interest cost	36,722	36,616
Benefits paid	(54,864)	(52,134)
Actuarial loss	(183,193)	(22,411)
Settlements	-	(30,950)
Benefit obligation, end of year	938,886	1,140,221
Change in plan assets		
Fair value of plan assets, beginning of year	958,864	929,453
Actual return on plan assets	(169,405)	87,446
Benefits paid	(54,864)	(52,134)
Employer contributions	12,500	25,049
Settlements	-	(30,950)
Fair value of plan assets, end of year	747,095	958,864
Funded status of the plans	(191,791)	(181,357)
Less: Current portion of liability for pension	-	(46)
Long-term portion of liability for pension	(191,791)	(181,311)
Liability for pension	$ (191,791)	$ (181,357)

As of June 30, 2022 and 2021, the liability for pension is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic pension expense and included in the change in net assets without donor restrictions include $519,946,000 and $481,073,000 of net actuarial loss as of June 30, 2022 and 2021, respectively.

The estimated amounts to be amortized from net assets without donor restrictions into net periodic pension expense in fiscal year 2022 for net actuarial losses is $13,139,000.

The accumulated benefit obligation for the defined benefit pension plans was $939,000,000 and $1,140,000,000 at June 30, 2022 and 2021, respectively.

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The following table sets forth the assumptions used to determine the accumulated benefit obligation at June 30, 2022 and 2021:

	2022	2021
Discount rates	4.40 - 5.10%	3.30%
Rate of increase in compensation	N/A	N/A

The primary investment objective for the defined benefit plans' assets is to support the pension liabilities of the pension plans for employees of the Health System, by providing long-term capital appreciation and by also using a Liability Driven Investing ("LDI") strategy to partially hedge the impact fluctuating interest rates have on the value of the pension plan's liabilities. As of June 30, 2022, it is expected that the LDI strategy will hedge approximately 70% of the interest rate risk associated with pension liabilities. As of June 30, 2021, the expected LDI hedge was approximately 75%. To achieve the appreciation and hedging objectives, the pension plans utilize a diversified structure of asset classes. The asset classes are designed to achieve stated performance objectives, measured on a total return basis which includes income plus realized and unrealized gains and losses.

The range of target allocation percentages and the target allocations for the various investments are as follows:

	Range of Target Allocations	Target Allocations
Cash and short-term investments	0–5%	3%
U.S. government securities	0–10	5
Domestic debt securities	20–58	42
Global debt securities	6–26	4
Domestic equities	5–35	17
International equities	5–15	7
Emerging market equities	3–13	4
Global Equities	0-10	6
Real estate investment trust funds	0–5	1
Private equity funds	0–5	0
Hedge funds	5–18	11

To the extent an asset class falls outside of its target range on a quarterly basis, the Health System shall determine appropriate steps, as it deems necessary, to rebalance the asset class.

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The Boards of Trustees of the Health System, as plan sponsors, oversee the design, structure, and prudent professional management of the Health System's pension plans' assets, in accordance with Board approved investment policies, roles, responsibilities, and authorities and more specifically the following:

- Establishing and modifying asset class targets with Board approved policy ranges,
- Approving the asset class rebalancing procedures,
- Hiring and terminating investment managers, and
- Monitoring performance of the investment managers, custodians and investment consultants.

The hierarchy and inputs to valuation techniques to measure fair value of the Plans' assets are the same as outlined in Note 7. In addition, the estimation of fair value of investments in private equity and hedge funds for which the underlying securities do not have a readily determinable value is made using the NAV per share or its equivalent as a practical expedient. The Health System's pension plans own interests in both private equity and hedge funds rather than in securities underlying each fund and, therefore, the Health System generally considers such investments as Level 3, even though the underlying securities may not be difficult to value or may be readily marketable.

The following table sets forth the Health System's pension plans' investments and deferred compensation plan assets that were accounted for at fair value as of June 30, 2022 and 2021:

	2022					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ -	$ 16,030	$ -	$ 16,030	Daily	1
U.S. government securities	124,686	-	-	124,686	Daily–Monthly	1–15
Domestic debt securities	17,530	226,107	-	243,637	Daily–Monthly	1–15
Global debt securities	-	24,136	-	24,136	Daily–Monthly	1–15
Domestic equities	104,070	31,324	-	135,394	Daily–Monthly	1–10
International equities	15,558	20,406	-	35,964	Daily–Monthly	1–11
Emerging market equities	-	25,487	-	25,487	Daily–Monthly	1–17
Global equities	-	54,787	-	54,787	Daily–Monthly	1–17
REIT funds	-	-	-	-	Daily–Monthly	1–17
Private equity funds	-	-	14	14	See Note 5	See Note 5
Hedge funds	-	-	86,960	86,960	Quarterly–Annual	60–96
Total investments	$ 261,844	$ 398,277	$ 86,974	$ 747,095		

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	2021					
(in thousands of dollars)	Level 1	Level 2	Level 3	Total	Redemption or Liquidation	Days' Notice
Investments						
Cash and short-term investments	$ --	$ 53,763	$ -	$ 53,763	Daily	1
U.S. government securities	52,945	-	-	52,945	Daily–Monthly	1–15
Domestic debt securities	140,029	296,709	-	436,738	Daily–Monthly	1–15
Global debt securities	-	40,877	-	40,877	Daily–Monthly	1–15
Domestic equities	144,484	40,925	-	185,409	Daily–Monthly	1–10
International equities	17,767	51,819	-	69,586	Daily–Monthly	1–11
Emerging market equities	-	43,460	-	43,460	Daily–Monthly	1–17
Global equities	-	57,230	-	57,230	Daily–Monthly	1–17
REIT funds	-	3,329	-	3,329	Daily–Monthly	1–17
Private equity funds	-	-	15	15	See Note 5	See Note 5
Hedge funds	-	-	15,512	15,512	Quarterly–Annual	60–96
Total investments	$ 355,225	$ 588,112	$ 15,527	$ 958,864		

The following tables present additional information about the changes in Level 3 assets measured at fair value for the years ended June 30, 2022 and 2021:

	2022		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Beginning of year balances	$ 15,512	$ 15	$ 15,527
Purchases	81,400	-	81,400
Sales	(2,152)	-	(2,152)
Net unrealized losses	(7,800)	(1)	(7,801)
End of year balances	$ 86,960	$ 14	$ 86,974

	2021		
(in thousands of dollars)	Hedge Funds	Private Equity Funds	Total
Beginning of year balances	$ 47,351	$ 17	$ 47,368
Sales	(38,000)	-	(38,000)
Net unrealized gains (losses)	6,161	(2)	6,159
End of year balances	$ 15,512	$ 15	$ 15,527

The total aggregate net unrealized (losses) gains included in the fair value of the Level 3 investments as of June 30, 2022 and 2021 were approximately ($543,000) and $7,635,000, respectively. There were transfers out of Level 3 measurements during the years ended June 30, 2022 and 2021. The hedge funds' liquidation will be completed by the end of Fiscal Year 2023.

There were no transfers into and out of Level 1 and 2 measurements due to changes in valuation methodologies during the years ended June 30, 2022 and 2021.

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The weighted average asset allocation, by asset category, for the Health System's pension plans is as follows at June 30, 2022 and 2021:

	2022	2021
Cash and short-term investments	2 %	6 %
U.S. government securities	17	5
Domestic debt securities	33	46
Global debt securities	3	4
Domestic equities	18	19
International equities	5	7
Emerging market equities	3	5
Global equities	7	6
Hedge funds	12	2
Total	100 %	100 %

The expected long-term rate of return on plan assets is reviewed annually, taking into consideration the asset allocation, historical returns on the types of assets held, and the current economic environment. Based on these factors, it is expected that the pension assets will earn an average of 7.50% per annum.

The Health System is expected to contribute approximately $12,500,000 to the Plans in 2023 however actual contributions may vary from expected amounts.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30 and thereafter:

(in thousands of dollars)	
2023	$ 124,252
2024	56,264
2025	57,774
2026	59,040
2027	60,176
2028 – 2032	310,262

The Cheshire Medical Center plan was terminated effective June 30, 2022, pending regulatory approvals. Following regulatory approval, the plan sponsor intends to distribute assets and settle plan obligations through a lump sum offering to active and terminated vested participants and a group annuity contract will be purchased for any participant that doesn't elect the lump sum, along with all participants currently in pay status. It is anticipated that benefits will be distributed by June 30, 2023. The benefit obligation for the plan reflects anticipated disbursement costs and a terminal cash contribution to fully fund benefits will be made at that time. The obligations reflect the cost of providing the lump sums and group annuity, described above, as well as administrative costs and a terminal contribution which will be necessary to fund all of the costs of terminating the plan. It is expected that the obligations will be settled by June 30, 2023 and the plan termination liability will reflect economic conditions, lump sum election rates and annuity pricing at that time. As a result, the final plan termination liability may be different from the amounts shown in this report.

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Defined Contribution Plans
The Health System has an employer-sponsored 401(a) plan for certain of its members, under which the employer makes base match contributions based on specified percentages of compensation and employee deferral amounts. Total employer contributions to the plan of approximately $64,946,000 and $60,268,000 in 2022 and 2021, respectively, are included in employee benefits expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Various 403(b) and tax-sheltered annuity plans are available to employees of the Health System. Plan specifications vary by member and plan. No employer contributions were made to any of these plans in 2022 and 2021.

Postretirement Medical and Life Insurance Benefits
The Health System has postretirement medical and life insurance benefit plans covering certain of its active and former employees. The plans generally provide medical or medical and life insurance benefits to certain retired employees who meet eligibility requirements. The plans are not funded.

Net periodic postretirement medical and life benefit (income) cost is comprised of the components listed below for the years ended June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Service cost	$ 456	$ 533
Interest cost	1,394	1,340
Net prior service income	-	(3,582)
Net loss amortization	752	738
Total	$ 2,602	$ (971)

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The following table sets forth the accumulated postretirement medical and life insurance benefit obligation amounts recognized in the Health System's consolidated financial statements at June 30, 2022 and 2021:

(in thousands of dollars)	2022	2021
Change in benefit obligation		
Accumulated benefit obligation, beginning of year	$ 46,863	$ 48,078
Service cost	456	533
Interest cost	1,394	1,340
Benefits paid	(3,401)	(3,439)
Actuarial loss	(4,964)	383
Employer contributions	(33)	(32)
Accumulated benefit obligation, end of year	40,315	46,863
Current portion of liability for postretirement medical and life benefits	$ (3,500)	$ (3,422)
Long-term portion of liability for postretirement medical and life benefits	(36,815)	(43,441)
Funded status of the plans and liability for postretirement medical and life benefits	$ (40,315)	$ (46,863)

As of June 30, 2022 and 2021, the liability for postretirement medical and life insurance benefits is included in the liability for pension and other postretirement plan benefits in the accompanying Consolidated Balance Sheets.

Amounts not yet reflected in net periodic income for the postretirement medical and life insurance benefit plans, included in the change in net assets without donor restrictions, are as follows:

(in thousands of dollars)	2022	2021
Net actuarial loss	4,445	9,981
Total	$ 4,445	$ 9,981

The estimated amount of net losses that will be amortized from net assets without donor restrictions into net periodic postretirement income in fiscal year 2023 is approximately $62,000.

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The following future benefit payments, which reflect expected future service, as appropriate, are expected to be paid for the years ending June 30, 2022 and thereafter:

(in thousands of dollars)	
2023	$ 3,500
2024	3,721
2025	3,725
2026	3,720
2027	3,700
2028-2032	16,820

In determining the accumulated benefit obligation for the postretirement medical and life insurance plans, the Health System used a discount rates of 5.10% in 2022, and an assumed healthcare cost trend rate of 7.00%, trending down to 5.00% in 2029 and thereafter.

12. Professional and General Liability Insurance Coverage

D-H, along with Dartmouth College, Cheshire, NLH, APD, MAHHC, and VNH are provided professional and general liability insurance on a claims-made basis through Hamden Assurance Risk Retention Group, Inc. (RRG), a VT captive insurance company. RRG cedes the majority of this risk to Hamden Assurance Company Limited (HAC), a captive insurance company domiciled in Bermuda, and HAC cedes a portion of this risk to a variety of commercial reinsurers. D-H has majority ownership interest in both HAC and RRG. The insurance program provides coverage to the covered institutions, named insureds and their employees on a modified claims-made basis, which means coverage is triggered when claims are made. Premiums and related insurance deposits are actuarially determined, based on asserted liability claims adjusted for future development. The reserves for outstanding losses are recorded on an undiscounted basis.

Selected financial data of HAC and RRG, taken from the latest available financial statements at June 30, 2022 and 2021, are summarized as follows:

	2022		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 79,831	$ 2,245	$ 82,076
Shareholders' equity	13,620	50	13,670

	2021		
	HAC	RRG	Total
(in thousands of dollars)			
Assets	$ 71,772	$ 3,583	$ 75,355
Shareholders' equity	13,620	50	13,670

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13. Commitments and Contingencies

Litigation

The Health System is involved in various malpractice claims and legal proceedings of a nature considered normal to its business. The claims are in various stages and some may ultimately be brought to trial. While it is not feasible to predict or determine the outcome of any of these claims, it is the opinion of management that the final outcome of these claims will not have a material effect on the consolidated financial position of the Health System.

Line of Credit

The Health System has entered into a loan agreement with a financial institution, establishing access to revolving loans ranging from $10,000,000 up to $30,000,000. Interest is variable and determined using the Bloomberg Short-Term Bank Yield Index or the Wall Street Journal Prime Rate. The loan agreement is due to expire March 29, 2023. There was no outstanding balance under the line of credit as of June 30, 2022 and 2021. Interest expense was approximately $91,000 and $28,000, respectively, and is included in the Consolidated Statements of Operations and Changes in Net Assets.

14. Functional Expenses

Operating expenses are presented by functional classification in accordance with the overall service missions of the Health System. Each functional classification displays all expenses related to the underlying operations by natural classification. Salaries, employee benefits, medical supplies and medications, and purchased services and other expenses are generally considered variable and are allocated to the mission that best aligns to the type of service provided. Medicaid enhancement tax is allocated to program services. Interest expense is allocated based on usage of debt-financed space. Depreciation and amortization is allocated based on square footage and specific identification of equipment used by department.

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2022:

	2022			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 1,129,572	$ 184,533	$ 1,302	$ 1,315,407
Employee benefits	281,455	40,887	228	322,570
Medical supplies and medications	645,437	3,835	-	649,272
Purchased services and other	255,639	142,241	5,982	403,862
Medicaid enhancement tax	82,725	-	-	82,725
Depreciation and amortization	42,227	44,675	56	86,958
Interest	9,116	22,987	10	32,113
Total operating expenses	$ 2,446,171	$ 439,158	$ 7,578	$ 2,892,907

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 12,144	$ 1,755	$ 11	$ 13,910
Total non-operating income	$ 12,144	$ 1,755	$ 11	$ 13,910

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Operating expenses of the Health System by functional and natural basis are as follows for the year ended June 30, 2021:

	2021			
(in thousands of dollars)	Program Services	Management and General	Fundraising	Total
Operating expenses				
Salaries	$ 1,019,272	$ 164,937	$ 1,701	$ 1,185,910
Employee benefits	212,953	88,786	403	302,142
Medical supplies and medications	540,541	4,982	-	545,523
Purchased services and other	252,705	125,931	5,313	383,949
Medicaid enhancement tax	72,941	-	-	72,941
Depreciation and amortization	38,945	49,943	33	88,921
Interest	8,657	22,123	7	30,787
Total operating expenses	$ 2,146,014	$ 456,702	$ 7,457	$ 2,610,173

	Program Services	Management and General	Fundraising	Total
Non-operating income				
Employee benefits	$ 9,200	$ 4,354	$ 5	$ 13,559
Total non-operating income	$ 9,200	$ 4,354	$ 5	$ 13,559

15. Liquidity

The Health System is substantially supported by cash generated from operations. In addition, the Health System holds financial assets for specific purposes which are limited as to use. Thus, certain financial assets reported on the accompanying Consolidated Balance Sheets may not be available for general expenditure within one year of the balance sheet date.

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The Health System's financial assets available at June 30, 2022 and 2021 to meet cash needs for general expenditures within one year of June 30, 2022 and 2021, are as follows:

(in thousands of dollars)	2022	2021
Cash and cash equivalents	$ 191,929	$ 374,928
Patient accounts receivable	251,250	232,161
Assets limited as to use	1,181,094	1,378,479
Other investments for restricted activities	175,116	168,035
Total financial assets	$ 1,799,389	$ 2,153,603
Less: Those unavailable for general expenditure within one year:		
Investments held by captive insurance companies	57,522	57,239
Investments for restricted activities	175,116	168,035
Bond proceeds held for capital projects	99,397	178,434
Other investments with liquidity horizons greater than one year	159,792	111,390
Total financial assets available within one year	$ 1,307,562	$ 1,638,505

The Health System generated cash flow from operations of approximately $(123,525,000) and $95,740,000 for the years ended June 30, 2022 and June 30, 2021, respectively. In addition, the Health System's liquidity management plan includes investing excess daily cash in intermediate or long term investments based on anticipated liquidity needs. The Health System has an available line of credit of up to $30,000,000 which it can draw upon as needed to meet its liquidity needs. See Note 13 for further details on the line of credit.

16. Lease Commitments

D-HH determines if an arrangement is or contains a lease at inception of the contract. Right-of-use assets represent our right to use the underlying assets for the lease term and our lease liabilities represent our obligation to make lease payments arising from the leases. Right-of-use assets and lease liabilities are recognized at commencement date, based on the present value of lease payments over the lease term. The Health System uses the implicit rate noted within the contract. If not readily available, the Health System uses an estimated incremental borrowing rate, which is derived using a collateralized borrowing rate, for the same currency and term, as the associated lease. A right-of-use asset and lease liability is not recognized for leases with an initial term of 12 months or less, rather the Health System recognizes lease expense for these leases on a straight-line basis, over the lease term, within lease and rental expense.

Operating leases are primarily for real estate, including certain acute care facilities, off-campus outpatient facilities, medical office buildings, and corporate and other administrative offices. Real estate lease agreements typically have initial terms of 5 to 10 years. These real estate leases may include one or more options to renew, with renewals that can extend the lease term from 2 to 5 years. The exercise of lease renewal options is at the Health System's sole discretion. When

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determining the lease term, management includes options to extend or terminate the lease when it is reasonably certain that the Health System will exercise that option.

Certain lease agreements for real estate include payments based on actual common area maintenance expenses and/or rental payments adjusted periodically for inflation. These variable lease payments are recognized in other occupancy costs in the Consolidated Statements of Operations and Changes in Net Assets, but are not included in the right-of-use asset or liability balances in our Consolidated Balance Sheets. Lease agreements do not contain any material residual value guarantees, restrictions, or covenants.

The components of lease expense for the years ended June 30, 2022 and 2021 are as follows:

(in thousands of dollars)	2022	2021
Operating lease cost	$ 9,573	$ 10,381
Variable and short term lease cost (a)	10,894	8,019
Total lease and rental expense	$ 20,467	$ 18,400
Finance lease cost:		
Depreciation of property under finance lease	$ 3,345	$ 3,408
Interest on debt of property under finance lease	448	533
Total finance lease cost	$ 3,793	$ 3,941

(a) Includes equipment, month-to-month and leases with a maturity of less than 12 months.

Supplemental cash flow information related to leases for the years ended June 30, 2022 and 2021 are as follows:

(in thousands of dollars)	2022	2021
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	$ 9,952	$ 10,611
Operating cash flows from finance leases	448	533
Financing cash flows from finance leases	3,255	3,108
Total	$ 13,655	$ 14,252

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Supplemental balance sheet information related to leases as of June 30, 2022 and 2021 are as follows:

(in thousands of dollars)	2022	2021
Operating Leases		
Right-of-use assets - operating leases	$ 61,165	$ 51,410
Accumulated amortization	(21,222)	(15,180)
Right-of-use assets - operating leases, net	**39,943**	**36,230**
Current portion of right-of-use obligations	8,314	8,038
Long-term right-of-use obligations, excluding current portion	32,207	28,686
Total operating lease liabilities	**40,521**	**36,724**
Finance Leases		
Right-of-use assets - finance leases	27,963	27,940
Accumulated depreciation	(8,981)	(5,760)
Right-of-use assets - finance leases, net	**18,982**	**22,180**
Current portion of right-of-use obligations	3,005	3,251
Long-term right-of-use obligations, excluding current portion	16,617	19,481
Total finance lease liabilities	**$ 19,622**	**$ 22,732**
Weighted Average remaining lease term, years		
Operating leases	7.73	6.75
Finance leases	19.77	18.73
Weighted Average discount rate		
Operating leases	2.24%	2.12%
Finance leases	2.17%	2.14%

The System obtained $8.9 million and $0.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2022.

The System obtained $7.6 million and $2.1 million of new and modified operating and financing leases, respectively, during the year ended June 30, 2021.

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Future maturities of lease liabilities as of June 30, 2022 are as follows:

(in thousands of dollars)	Operating Leases	Finance Leases
Year ending June 30:		
2023	$ 9,121	$ 3,395
2024	7,971	2,297
2025	5,083	1,261
2026	3,750	882
2027	3,357	800
Thereafter	15,096	15,713
Total lease payments	44,378	24,348
Less: Imputed interest	3,857	4,726
Total lease obligations	$ 40,521	$ 19,622

17. Subsequent Events

The Health System has assessed the impact of subsequent events through November 16, 2022, the date the audited consolidated financial statements were issued, and has concluded that there were no such events that require adjustment to the audited consolidated financial statements or disclosure in the notes to the audited consolidated financial statements.

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Consolidating Supplemental Information

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2022

(in thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	OH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 2,056	$ 66,827	$ 20,165	$ 38,416	$ 28,467	$ 11,327	$ -	$ 167,258	$ 24,671	$ -	$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,817	9,175	5,360	-	248,858	2,392	-	251,250
Prepaid expenses and other current assets	23,561	161,262	19,580	3,522	4,452	1,472	(31,119)	182,730	(11,372)	(2,225)	169,133
Total current assets	25,617	434,489	57,851	51,755	42,094	18,159	(31,119)	598,846	15,691	(2,225)	612,312
Assets limited as to use	301,000	858,919	12,665	14,680	16,005	25,753	(98,848)	1,130,174	50,920	-	1,181,094
Notes receivable, related party	842,052	11,557	-	803	-	-	(853,609)	803	(803)	-	-
Other investments for restricted activities	490	118,082	16,422	727	3,925	6,846	-	146,492	28,624	-	175,116
Property, plant, and equipment, net	-	585,064	63,067	24,757	45,973	15,526	-	734,387	30,453	-	764,840
Right-of-use assets, net	1,362	35,321	1,830	14,892	166	5,249	-	58,820	105	-	58,925
Other assets	681	146,516	1,187	14,391	6,573	4,983	-	174,331	(2,168)	-	172,163
Total assets	$ 1,171,202	$ 2,189,948	$ 153,022	$ 122,005	$ 114,736	$ 76,516	$ (983,576)	$ 2,843,853	$ 122,822	$ (2,225)	$ 2,964,450
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 4,810	$ 865	$ 800	$ 23	$ -	$ -	$ 6,498	$ 98	$ -	$ 6,596
Current portion of right-of-use obligations	559	8,514	689	852	172	473	-	11,259	60	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	3,500	-	-	3,500
Accounts payable and accrued expenses	147,826	100,110	16,607	4,883	4,843	8,693	(129,967)	152,795	6,002	(2,225)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,431	4,507	4,434	-	189,383	1,177	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	17,488	21,886	847	-	134,898	-	-	134,898
Total current liabilities	151,187	355,004	47,977	28,454	31,431	14,247	(129,967)	498,333	7,337	(2,225)	503,445
Notes payable, related party	-	808,602	-	-	27,437	17,570	(853,609)	-	-	-	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	23,060	32	(110)	-	1,114,778	2,510	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	14,499	-	4,885	-	48,779	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	373	401	250	-	78,325	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	-	481	-	228,605	1	-	228,606
Other liabilities	-	129,092	1,109	300	1,749	-	-	132,250	21,846	-	154,096
Total liabilities	1,196,835	1,642,169	80,583	66,686	61,050	37,323	(983,576)	2,101,070	31,805	(2,225)	2,130,650
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(25,638)	418,255	53,646	54,590	48,874	31,078	-	580,905	53,352	40	634,297
Net assets with donor restrictions	5	129,524	18,793	729	4,712	8,115	-	161,878	37,665	(40)	199,503
Total net assets	(25,633)	547,779	72,439	55,319	53,586	39,193	-	742,783	91,017	-	833,800
Total liabilities and net assets	$ 1,171,202	$ 2,189,948	$ 153,022	$ 122,005	$ 114,736	$ 76,516	$ (983,576)	$ 2,843,853	$ 122,822	$ (2,225)	$ 2,964,450

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2022

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 2,056	$ 68,075	$ 32,500	$ 28,467	$ 11,631	$ 47,894	$ 1,306	$ -	$ 191,929
Patient accounts receivable, net	-	206,400	18,106	9,175	5,431	9,817	2,321	-	251,250
Prepaid expenses and other current assets	23,561	161,508	8,296	4,452	1,499	2,678	483	(33,344)	169,133
Total current assets	25,617	435,983	58,902	42,094	18,561	60,389	4,110	(33,344)	612,312
Assets limited as to use	301,000	884,007	13,183	16,005	26,979	14,680	24,088	(98,848)	1,181,094
Notes receivable, related party	842,052	11,557	-	-	-	-	-	(853,609)	-
Other investments for restricted activities	490	125,614	37,124	3,925	6,846	1,031	86	-	175,116
Property, plant, and equipment, net	-	587,739	66,385	45,973	16,947	42,436	5,360	-	764,840
Right-of-use assets, net	1,362	35,321	1,830	166	5,248	14,892	106	-	58,925
Other assets	681	146,699	8,316	6,573	2,526	7,292	76	-	172,163
Total assets	$ 1,171,202	$ 2,226,920	$ 185,740	$ 114,736	$ 77,107	$ 140,720	$ 33,826	$ (985,801)	$ 2,964,450
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 4,810	$ 865	$ 23	$ 26	$ 800	$ 72	$ -	$ 6,596
Current portion of right-of-use obligations	559	8,514	689	172	472	852	61	-	11,319
Current portion of liability for pension and other postretirement plan benefits	-	3,500	-	-	-	-	-	-	3,500
Accounts payable and accrued expenses	147,626	100,617	16,726	4,843	8,831	5,481	4,640	(132,192)	156,572
Accrued compensation and related benefits	-	169,194	6,817	4,507	4,490	4,735	817	-	190,560
Estimated third-party settlements	3,002	68,876	22,999	21,886	647	17,488	-	-	134,898
Total current liabilities	151,187	355,511	48,096	31,431	14,466	29,356	5,590	(132,192)	503,445
Notes payable, related party	-	808,602	-	27,437	17,570	-	-	(853,609)	-
Long-term debt, excluding current portion	1,044,845	25,084	21,867	32	110	23,005	2,345	-	1,117,288
Right-of-use obligations, excluding current portion	803	27,359	1,233	-	4,885	14,499	45	-	48,824
Insurance deposits and related liabilities	-	76,678	623	401	250	373	66	-	78,391
Liability for pension and other postretirement plan benefits, excluding current portion	-	220,350	7,774	-	482	-	-	-	228,606
Other liabilities	-	129,092	1,109	1,749	-	22,148	-	-	154,096
Total liabilities	1,196,835	1,642,676	80,702	61,050	37,763	89,379	8,046	(985,801)	2,130,650
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(25,638)	447,013	56,674	48,974	31,231	50,308	25,695	40	634,297
Net assets with donor restrictions	5	137,231	48,364	4,712	8,113	1,033	85	(40)	199,503
Total net assets	(25,633)	584,244	105,038	53,686	39,344	51,341	25,780	-	833,800
Total liabilities and net assets	$ 1,171,202	$ 2,226,920	$ 185,740	$ 114,736	$ 77,107	$ 140,720	$ 33,826	$ (985,801)	$ 2,964,450

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	OH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 1,826	$ 226,779	$ 35,146	$ 41,371	$ 26,814	$ 18,350	$ -	$ 350,286	$ 24,642	$ -	$ 374,928
Patient accounts receivable, net	-	198,350	13,238	6,779	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,012	4,771	1,793	(35,942)	168,169	(10,834)	(217)	157,318
Total current assets	25,093	574,465	69,316	50,162	38,284	26,665	(35,942)	748,043	16,581	(217)	764,407
Assets limited as to use	380,020	1,039,327	19,016	15,480	16,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	845,157	11,769	-	1,010	-	-	(856,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,699	-	136,762	31,273	-	168,035
Property, plant, and equipment, net	-	501,640	64,101	22,623	47,232	15,403	-	650,999	29,434	-	680,433
Right-of-use assets	1,233	32,343	2,396	16,104	360	5,819	-	58,255	155	-	58,410
Other assets	2,431	146,226	1,315	14,380	7,282	5,172	-	176,806	292	-	177,098
Total assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,687	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862
Liabilities and Net Assets											
Current liabilities											
Current portion of long-term debt	$ -	$ 7,575	$ 865	$ 777	$ 91	$ -	$ -	$ 9,308	$ 99	$ -	$ 9,407
Current portion of right-of-use obligations	354	8,369	656	1,078	197	550	-	11,204	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	3,468	-	-	3,468
Accounts payable and accrued expenses	207,566	99,374	11,911	2,455	4,968	5,858	(205,791)	126,341	5,100	(217)	131,224
Accrued compensation and related benefits	-	156,073	8,648	5,708	4,407	5,343	-	180,177	1,893	-	182,070
Estimated third-party settlements	-	160,410	31,226	27,006	26,902	6,230	-	251,774	769	-	252,543
Total current liabilities	207,920	435,269	53,306	37,022	36,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,563	-	-	27,793	17,570	(856,926)	-	-	-	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	23,558	55	(115)	-	1,123,756	2,601	-	1,126,357
Right-of-use obligations, excluding current portion	879	24,463	1,876	15,351	172	5,357	-	48,098	69	-	48,167
Insurance deposits and related liabilities	-	78,528	475	325	388	218	-	79,934	40	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,266	-	-	511	-	224,752	-	-	224,752
Other liabilities	-	179,497	4,224	4,534	4,142	-	-	192,397	22,317	-	214,714
Total liabilities	1,256,458	1,778,121	87,920	80,790	69,115	41,522	(1,062,717)	2,251,209	32,973	(217)	2,283,965
Commitments and contingencies											
Net assets											
Net assets without donor restrictions	(2,524)	526,153	65,224	38,969	39,557	29,838	-	697,217	61,370	40	758,627
Net assets with donor restrictions	248	112,705	15,212	1,128	5,477	9,593	-	144,363	39,947	(40)	184,270
Total net assets	(2,276)	638,858	80,436	40,097	45,034	39,431	-	841,580	101,317	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,416,979	$ 168,356	$ 120,887	$ 114,149	$ 80,953	$ (1,062,717)	$ 3,092,789	$ 134,290	$ (217)	$ 3,226,862

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Balance Sheets
June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 1,826	$ 227,402	$ 44,165	$ 26,814	$ 18,609	$ 50,451	$ 5,661	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,238	8,699	6,620	6,779	2,475	-	232,161
Prepaid expenses and other current assets	23,267	151,677	10,195	4,771	1,808	1,418	341	(36,159)	157,318
Total current assets	25,093	575,429	67,598	38,284	27,037	58,648	8,477	(36,159)	784,407
Assets limited as to use	380,020	1,066,781	20,459	16,725	21,533	15,480	27,330	(169,849)	1,378,479
Notes receivable, related party	845,157	11,769	-	-	-	-	-	(856,926)	-
Other investments for restricted activities	248	119,371	34,921	4,266	7,698	1,501	30	-	168,035
Property, plant, and equipment, net	-	504,315	67,543	47,232	16,932	41,218	3,193	-	680,433
Right-of-use assets, net	1,233	32,343	2,396	360	5,820	16,104	154	-	58,410
Other assets	2,431	146,408	10,286	7,282	2,715	7,534	442	-	177,098
Total assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ -	$ 7,575	$ 865	$ 91	$ 26	$ 777	$ 73	$ -	$ 9,407
Current portion of right-of-use obligations	354	8,369	656	197	550	1,078	85	-	11,289
Current portion of liability for pension and other postretirement plan benefits	-	3,468	-	-	-	-	-	-	3,468
Accounts payable and accrued expenses	207,566	99,682	12,032	4,968	5,983	2,920	4,081	(206,008)	131,224
Accrued compensation and related benefits	-	156,073	8,648	4,407	5,385	6,116	1,441	-	182,070
Estimated third-party settlements	-	160,410	31,226	26,902	6,231	27,006	768	-	252,543
Total current liabilities	207,920	435,577	53,427	36,565	18,175	37,897	6,448	(206,008)	590,001
Notes payable, related party	-	811,563	-	27,793	17,570	-	-	(856,926)	-
Long-term debt, excluding current portion	1,047,659	29,846	22,753	55	131	23,496	2,417	-	1,126,357
Right-of-use obligations, excluding current portion	879	24,463	1,876	172	5,357	15,351	69	-	48,167
Insurance deposits and related liabilities	-	78,528	476	388	218	325	39	-	79,974
Liability for pension and other postretirement plan benefits, excluding current portion	-	218,955	5,286	-	511	-	-	-	224,752
Other liabilities	-	179,497	4,223	4,142	-	26,852	-	-	214,714
Total liabilities	1,256,458	1,778,429	88,041	69,115	41,962	103,921	8,973	(1,062,934)	2,283,965
Commitments and contingencies									
Net assets									
Net assets without donor restrictions	(2,524)	557,101	68,586	39,557	30,181	35,063	30,623	40	758,627
Net assets with donor restrictions	248	120,886	46,576	5,477	9,592	1,501	30	(40)	184,270
Total net assets	(2,276)	677,987	115,162	45,034	39,773	36,564	30,653	-	942,897
Total liabilities and net assets	$ 1,254,182	$ 2,456,416	$ 203,203	$ 114,149	$ 81,735	$ 140,485	$ 39,626	$ (1,062,934)	$ 3,226,862

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2022

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,751,093	$ 236,845	$ 99,403	$ 79,754	$ 59,040	$ -	$ 2,225,935	$ 17,302	$ -	$ 2,243,237
Contracted revenue	209	133,928	165	21	22	3,521	(60,573)	77,293	458	(85)	77,666
Other operating revenue	38,568	492,455	23,736	4,148	7,527	2,754	(50,711)	518,475	16,731	(1,175)	534,031
Net assets released from restrictions	249	13,299	779	435	190	204	-	15,156	738	-	15,894
Total operating revenue and other support	39,026	2,390,775	261,325	104,005	87,493	65,519	(111,284)	2,836,859	35,229	(1,260)	2,870,828
Operating expenses											
Salaries	-	1,091,601	135,083	43,266	40,219	28,960	(45,229)	1,293,900	20,422	1,085	1,315,407
Employee benefits	-	266,795	31,761	10,302	7,537	8,240	(5,842)	318,793	3,514	263	322,570
Medications and medical supplies	-	578,581	43,203	12,266	9,946	4,127	-	648,123	1,149	-	649,272
Purchased services and other	25,638	312,373	42,723	15,951	13,068	17,383	(32,862)	394,274	11,398	(1,810)	403,862
Medicaid enhancement tax	-	64,036	9,458	3,980	2,834	2,407	-	82,725	-	-	82,725
Depreciation and amortization	-	64,843	8,771	3,519	4,819	2,359	-	84,111	2,847	-	86,958
Interest	32,536	25,385	914	876	1,073	493	(29,530)	31,727	386	-	32,113
Total operating expenses	58,174	2,403,394	271,923	90,160	79,496	63,969	(113,483)	2,853,653	39,716	(462)	2,892,907
Operating (loss) margin	(19,148)	(12,619)	(10,598)	13,845	7,997	1,550	2,179	(16,794)	(4,487)	(798)	(22,079)
Non-operating (losses) gains											
Investment losses, net	(6,026)	(58,973)	(2,068)	(795)	(1,114)	(1,555)	(210)	(72,741)	(6,003)	-	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-	-		-	13,910	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	-	1	169	(1,869)	(7,522)	66	798	(6,658)
Total non-operating (losses) gains, net	(11,566)	(48,712)	(602)	(795)	(1,113)	(1,386)	(2,179)	(66,353)	(5,937)	798	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(61,331)	(11,200)	13,050	6,884	164	-	(83,147)	(10,424)	-	(93,571)
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	678	52	-	460	233	-	1,423	150	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,880)	(4,496)	-	-	48	-	(32,308)	(1)	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,385)	4,066	2,571	2,098	795	-	(2,257)	2,257	-	-
Other changes in net assets	-	-	-	-	(23)	-	-	(23)	-	-	(23)
(Decrease) increase in net assets without donor restrictions	$ (23,114)	$ (107,898)	$ (11,578)	$ 15,821	$ 9,417	$ 1,240	$ -	$ (116,312)	$ (8,018)	$ -	$ (124,330)

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2022

(In thousands of dollars)	Dartmouth-Hitchcock Health	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,751,093	$ 236,645	$ 79,754	$ 59,041	$ 99,403	$ 17,301	$ -	$ 2,243,237
Contracted revenue	209	134,388	165	21	3,521	21	-	(60,659)	77,666
Other operating revenue	38,568	494,363	23,794	7,527	4,370	14,587	2,708	(51,886)	534,031
Net assets released from restrictions	249	13,873	821	190	204	548	9	-	15,894
Total operating revenue and other support	39,026	2,393,717	261,425	87,492	67,136	114,559	20,018	(112,545)	2,870,828
Operating expenses									
Salaries	-	1,091,601	135,116	40,219	29,729	47,352	15,534	(44,144)	1,315,407
Employee benefits	-	268,795	31,770	7,537	8,361	11,169	2,517	(5,579)	322,570
Medications and medical supplies	-	578,581	43,203	9,946	4,126	12,297	1,123	(4)	649,272
Purchased services and other	25,638	315,589	42,938	13,067	18,072	18,915	4,313	(34,670)	403,862
Medicaid enhancement tax	-	64,036	9,469	2,834	2,406	3,980	-	-	82,725
Depreciation and amortization	-	64,643	8,895	4,819	2,483	5,595	523	-	86,958
Interest	32,536	25,365	914	1,073	493	1,204	58	(29,530)	32,113
Total operating expenses	58,174	2,406,610	272,305	79,495	65,670	100,512	24,068	(113,927)	2,892,907
Operating (loss) margin	(19,148)	(12,893)	(10,880)	7,997	1,466	14,047	(4,050)	1,382	(22,079)
Non-operating (losses) gains									
Investment losses, net	(8,026)	(61,039)	(2,163)	(1,114)	(1,663)	(1,373)	(3,155)	(211)	(78,744)
Other components of net periodic pension and post retirement benefit income	-	11,902	2,008	-		-	-	-	13,910
Other (losses) income, net	(3,540)	(1,641)	(542)	1	179	-	56	(1,171)	(6,658)
Total non-operating losses, net	(11,566)	(50,778)	(697)	(1,113)	(1,484)	(1,373)	(3,099)	(1,382)	(71,492)
(Deficiency) excess of revenue over expenses	(30,714)	(63,671)	(11,577)	6,884	(18)	12,674	(7,149)	-	(93,571)
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	834	53	460	226	-	-	-	1,573
Change in funded status of pension and other postretirement benefits	-	(27,860)	(4,496)	-	47	-	-	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,391)	4,108	2,096	795	2,571	2,221	-	-
Other changes in net assets	-	-	-	(23)	-	-	-	-	(23)
(Decrease) increase in net assets without donor restrictions	$ (23,114)	$ (110,088)	$ (11,912)	$ 9,417	$ 1,050	$ 15,245	$ (4,928)	$ -	$ (124,330)

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(In thousands of dollars)	Dartmouth-Hitchcock Health	Dartmouth-Hitchcock	Cheshire Medical Center	Alice Peck Day Memorial	New London Hospital Association	Mt. Ascutney Hospital and Health Center	Eliminations	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Operating revenue and other support											
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 82,373	$ 61,814	$ 59,686	$ -	$ 2,118,295	$ 19,992	$ -	$ 2,138,287
Contracted revenue	7,266	129,880	379	-	182	2,863	(55,753)	84,897	380	(14)	85,263
Other operating revenue	29,784	404,547	6,775	1,905	4,370	1,175	(37,287)	411,269	15,490	(1,801)	424,958
Net assets released from restrictions	197	12,631	1,182	61	200	201	-	14,472	729	-	15,201
Total operating revenue and other support	37,247	2,230,670	239,146	84,339	66,546	64,025	(93,040)	2,828,933	36,591	(1,815)	2,863,709
Operating expenses											
Salaries	-	988,595	118,678	40,567	33,611	29,119	(42,565)	1,168,005	18,800	1,105	1,185,910
Employee benefits	-	251,774	29,984	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies	-	481,863	41,669	9,776	7,604	3,275	(85)	544,102	1,421	-	545,523
Purchased services and other	19,503	291,364	33,737	12,396	18,591	14,884	(18,065)	370,410	15,395	(1,856)	383,949
Medicaid enhancement tax	-	57,312	8,315	3,075	2,523	1,716	-	72,941	-	-	72,941
Depreciation and amortization	10	67,666	8,623	3,366	4,364	2,617	-	88,646	2,275	-	88,921
Interest	32,324	24,158	936	875	1,077	510	(29,495)	30,385	402	-	30,787
Total operating expenses	51,837	2,162,732	241,942	77,196	72,320	59,789	(95,369)	2,570,447	40,170	(444)	2,610,173
Operating (loss) margin	(14,590)	67,938	(2,796)	7,143	(5,774)	4,236	2,329	58,486	(3,579)	(1,371)	53,536
Non-operating gains (losses)											
Investment income (losses), net	1,223	172,461	3,546	2,495	4,506	3,875	(137)	187,969	15,807	-	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	-	(16)	-	13,559	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(332)	-	2	194	(2,192)	(6,521)	917	1,371	(4,233)
Total non-operating (losses) gains, net	(2,317)	184,836	3,761	2,495	4,508	4,053	(2,329)	195,007	16,724	1,371	213,102
(Deficiency) excess of revenue over expenses	(16,907)	252,774	965	9,638	(1,266)	8,289	-	253,493	13,145	-	266,638
Net assets without donor restrictions											
Net assets released from restrictions for capital	-	1,078	600	-	108	224	-	2,008	9	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	-	78	-	59,132	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	(42)	-	4,557	-	-	(174)	174	-	-
Other changes in net assets	-	(20)	(35)	(120)	-	-	-	(175)	(11)	-	(186)
(Decrease) increase in net assets without donor restrictions	$ (8,048)	$ 283,329	$ 17,495	$ 9,518	$ 3,399	$ 8,591	$ -	$ 314,284	$ 13,317	$ -	$ 327,601

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Dartmouth-Hitchcock Health and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets without Donor Restrictions
Year Ended June 30, 2021

(in thousands of dollars)	D-HH and Other Subsidiaries	D-H and Subsidiaries	Cheshire and Subsidiaries	NLH and Subsidiaries	MAHHC and Subsidiaries	APD and Subsidiary	VNH and Subsidiaries	Eliminations	Health System Consolidated
Operating revenue and other support									
Patient service revenue	$ -	$ 1,683,612	$ 230,810	$ 61,814	$ 59,672	$ 82,373	$ 20,006	$ -	$ 2,138,287
Contracted revenue	7,266	130,261	379	161	2,963	-	-	(55,767)	85,263
Other operating revenue	29,784	406,911	6,862	4,370	2,839	11,997	1,283	(39,088)	424,958
Net assets released from restrictions	197	13,290	1,196	199	201	118	-	-	15,201
Total operating revenue and other support	37,247	2,234,074	239,247	66,544	65,675	94,488	21,289	(94,855)	2,663,709
Operating expenses									
Salaries	-	988,595	118,711	33,611	29,986	44,240	12,227	(41,460)	1,185,910
Employee benefits	-	251,774	29,994	6,550	7,820	7,884	2,972	(4,852)	302,142
Medications and medical supplies	-	481,863	41,669	7,604	3,270	9,784	1,418	(85)	545,523
Purchased services and other	19,505	294,228	33,912	16,589	15,395	15,455	8,786	(19,921)	383,949
Medicaid enhancement tax	-	57,312	8,315	2,523	1,716	3,075	-	-	72,941
Depreciation and amortization	10	67,668	8,752	4,384	2,741	5,003	385	-	88,921
Interest	32,324	24,158	936	1,077	510	1,217	60	(29,495)	30,787
Total operating expenses	51,839	2,165,596	242,289	72,318	61,438	86,658	25,848	(95,813)	2,610,173
Operating (loss) margin	(14,592)	68,478	(3,042)	(5,774)	4,237	7,830	(4,559)	958	53,536
Non-operating gains (losses)									
Investment income (losses), net	1,223	179,357	6,317	4,506	4,066	2,472	5,972	(137)	203,776
Other components of net periodic pension and post retirement benefit income	-	13,028	547	-	(16)	-	-	-	13,559
Other (losses) income, net	(3,540)	(653)	(346)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,518	4,508	4,257	2,472	6,890	(958)	213,102
(Deficiency) excess of revenue over expenses	(16,909)	260,210	3,476	(1,266)	8,494	10,302	2,331	-	268,638
Net assets without donor restrictions									
Net assets released from restrictions for capital	-	1,085	600	108	224	-	-	-	2,017
Change in funded status of pension and other postretirement benefits	-	43,047	16,007	-	78	-	-	-	59,132
Net assets transferred to (from) affiliates	8,859	(13,548)	-	4,557	-	-	132	-	-
Other changes in net assets	-	(20)	(46)	-	-	(120)	-	-	(186)
(Decrease) increase in net assets without donor restrictions	$ (8,050)	$ 290,774	$ 20,037	$ 3,399	$ 8,796	$ 10,182	$ 2,463	$ -	$ 327,601

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Dartmouth-Hitchcock Health and Subsidiaries
Note to Supplemental Consolidating Information
June 30, 2022 and 2021

1. Basis of Presentation

The accompanying supplemental consolidating information includes the consolidating balance sheet and the consolidating statement of operations and changes in net assets without donor restrictions of D-HH and its subsidiaries. All significant intercompany accounts and transactions between D-HH and its subsidiaries have been eliminated. The consolidating information presented is prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America consistent with the consolidated financial statements. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements and is not required as part of the basic financial statements.

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Dartmouth Health

Cheshire Medical Center

2023
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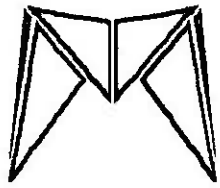
Gina O'Brien

Leslie Pitts

Cheshire Medical Center
580-90 Court St. Keene, NH 03431

Tel (603) 354-5400
Dartmouth-Health.org

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Maera Cramer

QUALIFICATIONS

9 years experience working in the main office of the Compass School performing a wide variety of tasks
High levels of experience with computers and the Microsoft Office Suite
Hard working, dependable and adaptable

EDUCATION

Bachelor of Fine Arts in Visual Communication, Magna Cum Laude - May 2009
Cazenovia College Cazenovia NY

EXPERIENCE

Program Assistant - *Center for Population Health, Cheshire Medical Center NH* *2019-Present*
Provided administrative support to the Center for Population Health
Duties include: answering phones; purchasing; data entry; graphics design; social media; online meeting management and providing support to staff.

Program Assistant - *Greater Monadnock Regional Public Health Network. NH* *2019-Present*
Provided administrative support to the Greater Monadnock Regional Public Health Network
Duties include: purchasing; data entry; graphics design; social media; online meeting management; taking of meeting minutes; and providing support to staff.

Administrative Assistant - *Compass School, Westminster VT* *2010-2019*
Managed the office and interacted with parents and students while performing other secretarial duties.
Duties included: answering phones; purchasing; data entry; student records processing; attendance tracking; and providing support to both faculty and students.

Graphics Designer - *Compass School, Westminster VT* *2010-2019*
Worked closely with the Development Director to unify and produce the Compass School brand.
Duties included: design and production of printed materials; print ad design and ordering of merchandise.

Freelance Graphics Designer - *Main Street Arts* *Summer 2011*
Did design and layout of the *SafeMeasures™ Facilitator's Guide To Improving School Climate and Learning* handbook, as well as several smaller design projects for their presentations.

Customer Support and Web Imager - *Cremation Solutions, Arlington VT* *2009-2010*
Responsible for providing support through both phone and e-mail to customers.
Other tasks included: photographing merchandise and maintaining the company's website.

Quality Control - *Sajen Jewelry , Putney VT* *2009*
Inspected, packaged and shipped jewelry

Graphics Design Intern - *Cazenovia College Communications Department, Cazenovia NY* *2008*
Built projects from concept to production. Projects included mailers, t-shirt designs, and posters

Web Imager - *Offerings Jewelry, Putney VT* *Summers 2006-2007*
Photographed merchandise and enhanced images for the Offerings sales website

SKILLS

Proficient in Microsoft Word, PowerPoint, Photoshop, InDesign, and Illustrator.
Knowledgeable in both the digital meeting management (Zoom and WebEx); Windows and Mac OS, Microsoft Excel and HTML coding.
Other Notable Skills: origami, illustration, sculpture and an enjoyment of problem solving.

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Maera Cramer

REFERENCES *(Professional)*

Lyssa Singleton
Office Manager and Bookkeeper
[redacted]
Lyssa Singleton is my colleague, together, we manage the Compass School main office.

Brian Whitehouse
Director of Admissions
[redacted]
Brian Whitehouse is my colleague and supervisor, together we work on advertising.

REFERENCES *(Personal)*

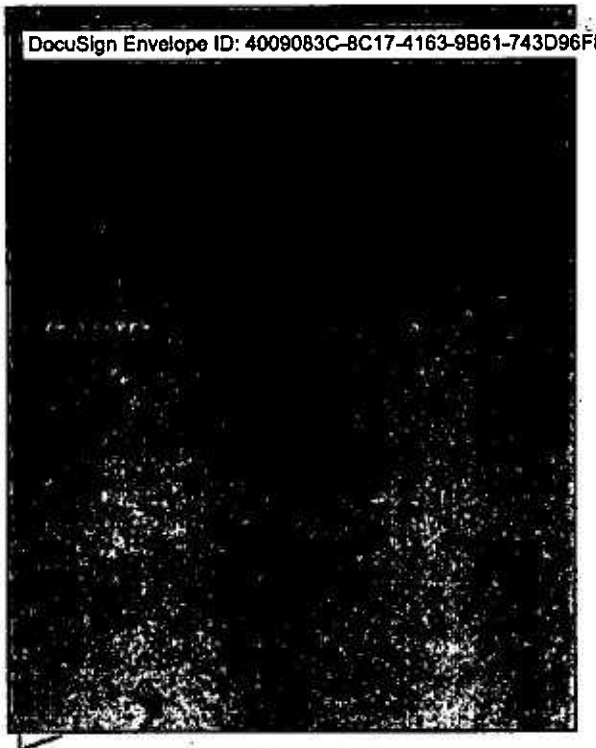
Megan Wilwol
[redacted]
Megan Wilwol is a friend. She also works in the night shift call center at C&S, Brattleboro, VT.

Alistair Follansbee
[redacted]
Alistair Follansbee is my roommate.

Cher Anderson
[redacted]
Cher Anderson is a friend and chef at the Compass School.

[redacted]

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MEGGS WELNAK

COMMUNITY ENGAGEMENT CONTENT MANAGER

THE CENTER FOR POPULATION HEALTH
CHESHIRE MEDICAL CENTER

[redacted] [redacted] [redacted]

EDUCATION

KEENE STATE COLLEGE
Graduated: May 2010
Bachelor of Science

Spec a zat on n Hea th Promot on and F tness
Concentrat on n Substance M suse , and Nutr t on

VIA CHARACTER STRENGTHS

HONESTY	PERSPECTIVE
HUMOR	CREATIVITY
BRAVERY	LEADERSHIP

THE VALUE I ADD

CONTENT WRITING
ENGAGEMENT
GRAPHIC DESIGN
HUMOR
PROJECT MANAGEMENT
WELLNESS COACHING

A LITTLE ABOUT ME

I am an extremely driven individual who thrives in fast-paced environments where I am expected to juggle multiple tasks. I adapt quickly to change, and welcome new challenges with enthusiasm. I love working with people, and bring an upbeat attitude to all that I do. With creativity, and lots of iced coffee running through my veins I am always looking for fun ways to solve problems through beautiful and engaging design. One of my driving passions in life is to help make this world a more beautiful space to be in, whether through thoughtful design, conservation, community outreach, or by simply letting it be.

WORK EXPERIENCE

COMMUNITY ENGAGEMENT CONTENT MANAGER

Cheshire Medical Center Keene, New Hampshire 2021-Present

- Acts as a v sua mode er, synthes z ng concepts n rea -t me by creat ng graph c mode s that s mp fy deas that can be comp ex.
- Prov de consu tat on to the Commun ty Engagement team around messag ng and des gn to create a cohes ve ook and ensure cont nu ty between programs.
- Proact ve y generate creat ve concepts, co atera and engag ng messag ng that a gns w th Hea thy Monadnock A ance brand strategy, examp es may nc ude: d g ta /soc a campa gns, presentat ons, membersh p engagement mater a s.
- Manage the Hea thy Monadnock A ance webs te.

WELLNESS ADVISOR

Cheshire Medical Center Keene, New Hampshire 2016-2021

- Co-deve oped the We powered Works tes program, wh ch prov des organ zat ons w th programs, too s, techn ca ass stance, tra n ng, and connect on to commun ty resources needed to bu d/enhance a ho st c, sc ence-based works te we ness program.
- Created a engagement/promot ona mater a s for Commun ty Engagement programs.
- Worked to re-estab sh the Hea thy Monadnock commun ty engagement n t at ve nto a reg ona a ance, wh ch nc uded creat ng a new m ss on, strateg c d rect on, dent ty engagement strategy, nterna structure, webs te, and soc a med a presence.

TEAM LEAD INSTALLATION ACCESS CONTROL DEPARTMENT

CACI Grafenwoehr, Germany 2012-2016

- Worked as a component of the D rectorate of Emergency Serv ces for the Un ted States Army n Europe (USAEUR) for USAG Grafenwoehr. Screen ng a Un ted States contracted emp oyees, Department of Defense (DOD) persona , both so d ers and c v an ge access to the Army Garr son, to ensure comp ance w th the U.S. Forces nsta at ons n the European Theater Regu at ons and a oca Garr son po c es.

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Tammy Dwyer

[redacted]

SUMMARY

Leader in for profit and not-for-profit organizations with proven ability to engage and motivate stakeholders, staff and volunteers to contribute at their highest level to achieve personal and organizational success. Consistently demonstrates skills in research and analysis to solve complex organizational problems in innovative ways.

SKILLS & EXPERTISE

Team Leader • Creative Problem Solver • Connector • Mentor • Strategic Thinker • Project Manager • Liaison

EXPERIENCE

CENTER FOR POPULATION HEALTH, CHESHIRE MEDICAL CENTER | Keene, NH

Director of Community Engagement 2019 – Present

Create and execute engagement strategy, establishing shared ownership between Cheshire Medical Center and local leaders in fostering and sustaining a culture of health in the region.

- Build a network of partners to provide training, consultation and technical assistance to constituents.
- Serve as lead on the Executive Committee for the Leadership Council for a Healthy Monadnock that serves as the Public Health Advisory Council and oversees the Healthy Monadnock Alliance.
- Oversee social media and communication to elevate brand awareness and increase engagement in health and wellness campaigns.
- Develop and oversee implementation of initiatives that support change on a policy, environmental and individual level to advance the health and wellbeing in our region.

Engagement Manager 2017 – 2019

Developed programs and managed staff to engage and support community members in improving health and wellness opportunities on a personal and organizational level.

- Managed Community Education, Wellpowered Worksites and School Champions staff and programs to provide education, technical assistance and grant opportunities throughout the region that reached infants to aging adults with varying health statuses.
- Created innovative programs that activate community members to promote and participate in wellbeing activities.
- Piloted new community wellness program in 2018 and doubled participation in 2019.

Wellness Advisor 2015 – 2017

Engaged and advised business owners, community members and town officials to implement sustainable practices and policies that improve the wellbeing in the community.

- Designed, promoted and conducted community trainings. Trainings received 96% ratings of very good to excellent.
- Provided counsel and technical assistance on all aspects of worksite wellness to regional employers.
- Lobbied successfully for a state-wide policy change positively affecting residents living in affordable housing developments in New Hampshire.

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PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND | Keene, NH

Program Manager 2011 – 2013

Responsible for customer retention, quality control, compliance, timeliness and distribution of birth control pills via the pharmacy-by-mail program that served Vermont, Maine and New Hampshire.

- Optimized return on investment through process improvements and improved quality standards, resulting in capturing a previously unavailable segment of the patient population, which represented 30% of all patients. Reduced error rates to below 1 percent.
- Successfully met the challenge of a regional shut down of Planned Parenthood by N.H. state officials. The fallout eliminated one third of customers enrolled in the program. Efforts resulted in a near complete recovery of the program within six months.
- Coached staff and modeled superior customer service skills that increased customer retention.

HEALTH CARE & REHABILITATION SERVICES | Bellows Falls, VT

Recruitment Coordinator, Human Resources 2004 – 2007

Responsible for administration of benefits, worker's compensation, FMLA, new employee orientation, and recruitment for state wide mental health organization. Hired as Human Resource Generalist and promoted to Recruitment Coordinator.

- Performed full-cycle recruitment functions.
- Trained and coached managers in performance management practices, employee relations, and hiring process to include behaviorally based interview techniques.
- Designed full-day new employee orientation. Facilitated orientation on a bi-weekly basis where the audience make-up ranged from front line direct-care providers to psychiatrists.

MONADNOCK HUMANE SOCIETY | Swanzey, NH

Chief of Staff 1991 – 2001

Progressed from Volunteer Coordinator to Director of Human Resources to Chief of Staff. Member of senior leadership team, reporting to CEO. Responsible for design and implementation of the human resources and volunteer staffing strategies.

EDUCATION

VERMONT COLLEGE | Brattleboro, VT 2008

Bachelor of Arts, Creative Writing

VOLUNTEERISM

Treasurer of Monadnock Compassionate Friends 2019 - Present

Lead member of organizing committee for city-wide mural festival in Keene, NH. Coordinated over 200 volunteers for 4-day event that brought 250 artists to the community, who painted 16 murals depicting subjects representing the history of Keene. 2018 - 2019

Led fundraising effort and successfully raised $35,000 to build a school for children in Haiti. Developed strategies to raise funds; designed website and managed all social media. 2015-2017

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Tricia J Zahn, MPH

[redacted]

Summary of Experience

- Worked as a Center for Disease Control and Prevention (CDC) Public Health Associate for the Maricopa County Department of Public Health (MCDPH) serving four million residents
  - Vector-Borne and Zoonotic Disease Team 07/2010 – 07/2011
  - Office of Preparedness and Response 07/2011 – 5/2012
- Worked as the Public Health Emergency Preparedness Coordinator and Strategic National Stockpile Coordinator for the Greater Monadnock Public Health Network (GMPHN) serving over 100,000 residents 5/2012 – 12/2015
- Worked as the Partner Manager for the Center for Population Health at Cheshire Medical Center 1/2016 – 2/2020
- Currently serving as the Director of Community Strategic Partnerships for the Center for Population Health at Cheshire Medical Center 2/2020 – present

Professional Accomplishments

Cheshire Medical Center, member of Dartmouth Health **2/2020 – present**
Director, Community Strategic Partnerships 40 Hours per Week
Center for Population Health

As a Director in the Center, I create and foster collaborations with a diverse audience to support the implementation of the community focused strategies included in Cheshire's strategic plan as well as the region's first Community Health Improvement Plan.

- Supporting our regional partners to advance the health and well-being of our region by providing process improvement, resources, and removing barriers while providing encouragement and accountability
- Oversee a budget of over a quarter million dollars
- Partnering with regional groups to move forward our collective impact approach to population health improvement

Institute for Healthcare Improvement **11/2020 – 8/2021**
Faculty, Improvement Coach
AHRQ ECHO NNHCAN

As an Improvement Coach and Project ECHO Faculty member I supported multiple cohorts over three states to improve their infection prevention and staff resilience during COVID-19. I used positive psychology and improvement science to support multiple long-term care facilities to implement, evaluate, and sustain improvements through weekly trainings and technical assistance.

Cheshire Medical Center, member of Dartmouth Health **1/2016 – 2/2020**
Partner Manager 40 Hours per Week
Center for Population Health

As the Partner Manager in the Center, I worked with many different partners from worksite wellness, tobacco cessation, and emergency preparedness.

- Supported our regional partners to advance the health and well-being of our region specifically in areas that support our Greater Monadnock Public Health Network: Public Health Emergency Preparedness, Regional Substance Misuse Prevention Network Coordination, and the Continuum of Care for Substance Use Disorders

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- Partnered with regional and statewide coalitions to deepen relationships and accelerate improvements in population health through technical assistance, coaching, and project management
- Lead multiple grant opportunities including our Spreading Community Accelerators through Learning and Evaluation (SCALE) work in partnership with the Institute of Healthcare Improvement and the Robert Wood Johnson Foundation

Cheshire Medical Center, member of Dartmouth Health **5/2012 – 12/2015**
Public Health Emergency Preparedness Coordinator 40 Hours per Week
Greater Monadnock Public Health Network

As a Public Health Emergency Preparedness Coordinator I improved my communication and problem-solving skills to be an effective leader and motivator.

- Managed and oversaw the Emergency Preparedness, Public Health Advisory Council, and Medical Reserve Corps budgets and report to our fiscal agent each month
- Partnered with regional organizations such as Healthy Monadnock 2020 and Monadnock Voices for Prevention for diverse public health projects and initiatives

Centers for Disease Control and Prevention **7/18/10 – 5/2012**
Public Health Associate – Field assignee
Two year assignment in Maricopa County, Arizona detailed below

Maricopa County Department of Public Health, Phoenix, AZ **7/18/11 – 5/2012**
Office of Preparedness and Response (OPR) 40 Hours per Week
Phoenix, Arizona

Project Management Specialist, CDC Public Health Associate

As a field assignee and a project management specialist I was able to hone my skills in public health emergency preparedness planning, response, evaluation, and improvement.

- Coordinated and compiled the Radiation and Nuclear Device Annex of the County's Emergency Response Plan (ERP): Served as MCDPH point person and subject matter expert for the public health nuclear/radiation response
- Coordinated with healthcare facilities to integrate healthcare response with public health

Maricopa County Department of Public Health, Phoenix, AZ **7/18/10 - 7/17/11**
Office of Epidemiology 40 Hours per Week
Phoenix, Arizona 85012

Data Analyst, CDC Public Health Associate

As a data analyst and a CDC field assignee I further developed my analytical skills (reports, trends, intervention recommendations, etc.) along with my communication skills (presentations, press releases, interviews, etc.).

- Served as one of three people in the office that conducted rabies risk assessments and arranging post exposure prophylaxis, which required highly specialized training

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- Conducted chart reviews and case phone interviews along with entering relevant information and notes into a database
- Created the first Maricopa County Rabies website including content, photographs, and other visuals

Education

Master of Public Health, University of New Hampshire
Manchester, New Hampshire, 2014

Bachelor of Science, Public Health, University of Tampa
Tampa, Florida, 2010

Spring Semester Abroad, Florence University of the Arts
Florence, Italy, 2009

Trainings

(not an exhaustive list)

Dartmouth-Hitchcock's Conaty Breakthrough Leadership Program, Leadership Monadnock 2015 – 2016, Hoffman-Haas Fellowship Class of 2015, Emergency Support Function (ESF) #8 Public Health and Medical Services, CPR/AED, First Aid, Disability Awareness, Psychological First Aid, Active Shooter, Autism Awareness, Cultural Diversity, Homeland Security Exercise and Evaluation Program , Hostility Management in the Workplace and Beyond, Harvard School of Public Health Emergency Planning for Local Public Health, Suicide Prevention and Postvention, Decontamination, Power Air Purifying Respirator (PAPR)

Awards

4/2022 – New Hampshire Union Leader Forty Under 40 Award Recipient

3/2022 – Keene State College President's Outstanding Women of New Hampshire Award Recipient

11/2021 – Cheshire Medical Center RISE to the Occasion Award Recipient

5/2021 – Cheshire Medical Center Leadership Recognition Award Recipient

3/2021 – Cheshire Health Foundation Circle of Gratitude Honoree

2/2016 – Monadnock Region Trendsetter Award Recipient

Certifications

November 2020 – Sworn Notary Public for the State of New Hampshire

February 2018 – New Hampshire and National Licensed Emergency Medical Technician (NREMT)

November 2017 – Local Improvement Advisor through the Institute for Healthcare Improvement

February 2015 – Mental Health First Aid USA, National Council for Community Behavioral Healthcare

June 2013 – Hospital Incident Command System (HICS)

September 2010 – October 2011 Federal Emergency Management Agency (FEMA) - Certified as a Tier II responder



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Publications

Lead author for the Greater Monadnock Community Health Improvement Plan. Updated November 2021. (Available at CHIP 2.0 Updated 11-08-2021 by Cheshire Medical Center - Issuu)

Community Lead Contributor to Hostetter M, Klein S. 100 Million Healthier Lives: Case Studies from Around the Globe. Boston: Institute for Healthcare Improvement; 2020. (Available at www.ihi.org/100MLives)

Hayes H, Howard P, Schall M, Canedy C, Boynton-Jarrett R, Budnik A, Douglas W, Munene E, **Zahn T**. Using PDSA Cycles in Community-Based Collaboratives. Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2019. http://www.ihi.org/100MLives

Healthy Monadnock: A Homegrown Community Health Improvement Journey. T.Zahn. 2019. Available: Healthy Monadnock: A Homegrown Community Health Improvement Journey - Community Commons

Climate and Health Adaptation Plan. Greater Monadnock Public Health Network. 2016 (Available: Climate and Health Adaptation Plan (swrpc.org))

I.B Weber, N.P. Lindsey, A.M. Bunko Patterson, G. Briggs, **T.J. Wadleigh**, T.L. Sylvester, C. Levy, K.K Komatsu, J.A Lehman, M. Fischer, J.E Staples. *Completeness of West Nile virus testing among patients with meningitis and encephalitis during an outbreak in Arizona*. United States. Epidemiology and Infection.

Steven A. Baty, Katherine B. Gibney, J. Erin Staples, Andrean Bunko Patterson, Craig Levy, Jennifer Lehman, **Tricia Wadleigh**, Jamie Feld, Robert Lanciotti, C. Thomas Nugent, and Marc Fischer. *Evaluation for West Nile Virus (WNV) RNA in Urine of Patients within 5 Months of WNV Infection.* The Journal of Infectious Disease. (Available: Evaluation for West Nile Virus (WNV) RNA in Urine of Patients Within 5 Months of WNV Infection | The Journal of Infectious Diseases | Oxford Academic (oup.com))

Presentations

(not an exhaustive list)

"From Community Benefit to Community Well-Being". Institute for Healthcare Improvement National Forum. December 2020

"100 Million Healthier Lives" Commons Good podcast with Shannon Welch. (Available: Commons Good 100 Million Healthier Lives Shannon Welch and Tricia Zahn - Community Commons). September 2020

"Valued Partners" 6th Annual Dartmouth Symposium on Health Care Delivery Science, Hanover Inn, Hanover, NH, April 2019

"Center for Population Health Update" Cheshire Health Foundation Annual Meeting, September 2018

"Population Health Practice: From Idea to Impact" Keene State College, HLSC 485: Health Promotion Practice, February 2018

"Public Health – Emergency Preparedness" Keene State College, Epidemiology, April 2017

"Practice Makes Progress: Lessons Learned from a Long Term Care Facility Evacuation Exercise with Healthcare Coalition Partners" 11th Annual NH Emergency Preparedness Conference, June 2015

"NH Strategic National Stockpile Planning: Where are we Now?" 10th Annual NH Emergency Preparedness Conference. June 2014

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"Basics of a Closed Point of Dispensing (POD)" 2014 NH Integrated Emergency Volunteer Training Conference. August 2014

"Emergency Preparedness in Long Term Care" Emergency Preparedness Seminar, New Hampshire Health Care Association. November 2013

"Keys to Emergency Planning: New Changes to Emergency Preparedness in the Assisted Living Rules and How to Begin Instituting a Plan with the Assistance of the Public Health Networks" 24th Annual Fall convention, New Hampshire Association of Residential Care Homes. October 2013

"Maricopa County Rabies Website and 2010 Rabies Report." Presented to the Office of Epidemiology, Maricopa County Department of Public Health, Phoenix, USA, July 2011

"Aseptic Meningitis Surveillance and Enhanced Surveillance." Presented to the Office of Epidemiology, Maricopa County Department of Public Health, Phoenix, USA, April 2011

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Kerry Kelley

Experience

Program Assistant
4/19/21 – present
Cheshire Medical – GMPHN
- Providing a full range of secretarial and administrative support services to GMPHN
- Assist with scheduling of volunteers for vaccination clinics
- Data base management of clinics and volunteers
- Trainer for volunteers
- Community outreach
- Inventory control

Greeter and Screener back up coverage
8/4/21 – present
Cheshire Medical – Security
- Professionally greet and screen all visitors, employees and patients
- Provide direction to various locations
- Sanitize wheelchairs
- Follow and enforce all safety guidelines
- Wheelchair training certification

Customer Service Manager
2/27/13 – 12/18/20
Monadnock Food Co-op, Keene, NH
- Founding Member
- Customer Service Program developer and trainer for all staff
- Supervise and schedule a staff of 23 employees
- Responsible for hiring and training front end staff
- Cross train other store employees
- Organize department meetings as necessary
- Research and resolve over/shorts and assist finance
- Volunteer for Karma Committee, Green Up Keene and local BBQ events
- Oversaw Membership Coordinator responsibilities
- Assist Finance in collection on bad checks
- Responsible for maintaining adequate supplies for Front End

Purchasing Associate
2/22/2010 - 11/4/2011
United Natural Foods, Inc. Chesterfield, NH
- Daily lost sales reports, tracking and expediting PO's, communicating with vendors, working with operations directly regarding PO issues, revising and reordering, coordinating schedule for associates, training new associate.
- Receptionist coverage
- Volunteer on the Green Team committee

Day Care Provider
9/1/1999 - 11/29/2010
Self, Stay at home mother
- Provided supervised, safe and fun environment for infants and children
- Planned field trips, transported to events and school

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Volunteer Organizations

8/2021 – present
Cheshire Medical Doula
- Providing birth support to those who request or are in need
- Arrange meetings with expectant parents
- Participate in monthly meetings and trainings
- Commit to 4 - 24 hour shifts of on call coverage per month

1/2021 – present
NH Responders /Cheshire Medical Center/National Guard
- Assisting with distribution of Covid vaccine

6/2020 – present
Elm City Rotary Member
- DeMar committee member
- Follow Me Sneaker Project

11/2016 – present
Body & Soul Road Runners – Red Cap Run
- Sponsorship committee member – secure sponsors for the event
- Ran a successful auction the day of the event

2/2000 – present
Swanzey Cal Ripken Baseball
▪ Held various positions Vice President, Fundraising Coordinator and currently Concession Manager.
▪ Secure team sponsors, coordinate and run fundraisers for the league, schedule coverage for cook shack, shop, stock and keep all financial records.

10/2001 - 2011
Cheshire Figure Skating Club
▪ Served as Program Designer for 7 years, improving and creating program for annual show
▪Member at large supporting club and coordinating fundraisers

9/2004 - 10/2007
Mt. Caesar/Cutler PTO
▪ Secretary, responsible for all meeting minutes
▪ Fundraising Coordinator, handled all school fundraisers.

10/2007 - 10/2012
Cheshire County Cheer Boosters
▪ Treasurer, handled all funds and accounts of members. Monthly reports and filings with the State of NH
▪ Fundraising Coordinator, oversaw all fundraisers
▪Organized and planned events

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Teller Supervisor

11/27/95 - 3/17/2000
Granite Bank, Keene, NH

- Over saw 18 + employees, coordinated scheduling, processed all reviews, audits and interviews for the department
- Daily balancing and ordering of vault.
- Trained all new tellers
- Worked closely with bank securities
- Full cross trained in Customer Service for back up coverage. Opened and closed accounts, processed CD's and bonds
- Back up receptionist, greeted customers and assisted with all needs
- Highly involved with success of Y2K planning

Assistant Manager
9/8/1992 - 11/4/1995
Fashion Bug, Keene, NH

- Assisted customers, organized fashion shows, created displays, received and prepared shipments, trained new associates.
- Prepared bank deposits and prepared cash drawers daily.
- Prepared schedules, assisted in preparing reviews
- Meet monthly goals for obtaining new account applications, and UPC sales. Able to keep store shrink levels at minimum.

Education

Bellows Falls Union High School, Bellows Falls, VT
1986 - 1989

- Diploma

Interests

I am a self motivated individual with the desire to learn. My work experience has provided me with excellent customer service skills and I enjoy customer and employee interaction. As a volunteer for many organizations I have enjoyed being involved and supporting activities for children and our community. I started running in 2016 and accomplished completing my first marathon in 2019!

References

Alan Stroshine, 603-812-5682
Pam Croteau, 603-903-9045
Linda Lawton, 603-357-2187
Jennifer Risley, 603-400-9157

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JOHN J. LETENDRE

SUBSTANCE MISUSE RELATED EXPERIENCE:

Better Life Partners: (June 2019- Present)

Counselor, Substance Abuse-

Work as a (contracted) primary counselor for a Harm-Reduction focused program supporting clients with Opiate Use Disorder (OUD). The counselor facilitates a weekly meeting and clients are provided Medications for Addiction Treatment (MAT). Responsibilities include facilitation of in-person and virtual group sessions, treatment planning and collaboration with prescribing physicians regarding client progress, drug screening results and medication monitoring.

Cheshire Medical Center: (December 2018- Present)

Continuum of Care Facilitator-

As part of Center for Population Health, (P/T) work with providers and agencies across the Continuum of Care for mental health and substance abuse. Main objectives are to increase awareness of services, improve communication and help build collaboration among providers. An overall goal is to maximize the utilization and efficiency across the continuum of prevention, intervention treatment and aftercare.

Granite Pathways: (August 2018-December 2018)

Recovery Specialist-

Working with patients and families in order to facilitate entry into appropriate SA treatment programs. Main goal is to provide assistance to consumers in navigating the complicated web of treatment, levels of care, insurance and associated documentation. Additionally charged with developing relationships and agreements with area providers to allow timely access to resources needed to facilitate entry into treatment.

Groups Recover Together: (January 2018-June 2018)

Substance Abuse Counselor-

Worked as primary counselor for a caseload of 80-130 clients engaged in medication assisted treatment. Responsibilities included facilitation of multiple weekly groups of up to 12 clients, initial assessments, and intakes, treatment planning, discharge planning and individual and family counseling sessions. Worked closely with prescribing physicians on issues of medication compliance, drug screening results and medication tapering.

Phoenix Houses of New England: (March 2011 – Jan 2018)

Counselor II/House Manager: Dublin NH-

Performed one on one Substance Abuse counseling with residential clients. Conducted various didactic and process groups such as Anger Management, Seeking Safety, Addiction and the Brain, Meditation / Mindfulness and Men's Gender group. As House Manager, conducted monthly inspection and worked with facilities to help ensure upkeep and general compliance with state regulations and Certification bodies. Assisted Program Director with personnel and managerial duties as assigned.

Counselor I –Cheshire County Drug Court Program – Keene NH

Performed one on one counseling with Drug Court participants. Co-facilitated Intensive Outpatient Program, conducting didactic and process curriculum as directed by program guidelines.

Case Manager– Transitional Living Program –Keene NH

Worked with clients who successfully completed the 28-day inpatient treatment program and assisted them as they transitioned back into the community. Provided one on one counseling

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and support as clients sought employment and established a program of recovery; preparing to leave the controlled environment.

Counselor Assistant –Keene NH

Performed administrative tasks such as admissions and transportation of clients to appointments and meetings. Monitored vital signs of detox clients and administered medication as directed in medication orders. Performed other various duties as assigned by Program Director.

EDUCATION:

Associate of Science in Chemical Dependency (2011 Magna Cum Laude)
Bachelor of Science in Management (2006 Cum Laude)
Associate of Science in Chemistry (1996)
Keene State College, Keene, NH
Delta Mu Delta, National Honor Society for Business Administration, 2006

LICENSES / CERTIFICATIONS:

Licensed Alcohol and Drug Counselor (LADC) License# 1001

RELEVANT EMPLOYMENT HISTORY:

Granite Pathways: (August 2018-December 2018)
Recovery Specialist

Groups Recover Together: (January 2018-June 2018)
Substance Abuse Counselor

Phoenix Houses of New England, Keene NH, (March 2011 –January 2018)
Various positions - see above.

DocuSign Envelope ID: 4009083C-8C17-4163-9B61-743D96FE0EA8

Education

In Progress	**Master's Degree of Nursing, Family Nurse Practitioner** *Walden University, Minneapolis, MN* Expected Graduation: May 2022 Clinical Experience: 160 Hours in Primary Care with Katelyn Ahern, APRN completed 160 Hours in Pediatrics with Eric Goodman, APRN and Geraldine Rubin MD completed 160 Hours in Women's Health with Melody Mochan, APRN and Lindsey Cushing, APRN completed 160 Hours in Primary Care with Amaris Weller, PA-C scheduled May-Aug 2022
July 2016	**Bachelor's Degree of Science, Nursing** *Southern New Hampshire University, Manchester, NH*
December 2014	**Associate Degree of Science, Nursing** *St. Joseph School of Nursing, Nashua, NH* Elected Class Treasurer
May 2012	**Diploma in Nursing (Practical Nurse)** *St. Joseph School of Nursing, Nashua NH*

Credentials

American Heart Association, Healthcare Provider CPR/AED (Valid through 10/2023)

Wound Care Certification, #170968950 (Valid through 10/13/2022)

NH Registered Nurse License #071141-21 (Valid through 9/21/2022)

NH Licensed Practical Nurse (LPN) - 5/2012 to 2/2015

NH LPN IV Certification (2013) Omnicare Pharmacy, Londonderry, NH

Work Experience

May 2021- Current
RN

Greater Monadnock Public Health Network
Keene, NH 03431

- Help to organize and staff COVID vaccine clinics as needed
- Perform home vaccines as needed and per standing orders
- Remain up to date with evolving guidelines as issued by the CDC and State of New Hampshire
- Oversee volunteers and nursing students at state run vaccine sites and ensure clinical guidelines are being followed as per the State of New Hampshire Standing Orders
- Assist in workflow change and development to ensure safe and accurate vaccine administration and documentation in the electronic documentations systems (VAMS and VINI)
- Collaboration with the United States Army National Guard at the previous state run site to ensure adequate communication and collaboration between volunteers and military staff

DocuSign Envelope ID: 4009083C-8C17-4163-9B61-743D96FE0EA8

May 2021- Current
RN, WCC

Dartmouth Hitchcock Medical Center/Cheshire Medical Center-
Comprehensive Wound Center, Keene, NH 03431

- Collaborate with the physician in the plan of care for wound care management
- Provide routine and as needed dressing changes per the plan of care
- Assess and provide conservative sharp debridement as needed
- Provide education on wound healing including how chronic conditions such as diabetes, hypertension, etc., can impair healing, nutrition counseling and other factors that play a role in healing such as smoking and elevation of extremities
- Ensure

Jan 2017- May 2021
RN, WCC

Dartmouth Hitchcock Medical Center/Cheshire Medical Center, Nurse Clinic
Keene, NH 03431

- Manage Anticoagulation patients per protocol including management of dosing instructions and pre-op instructions
- IM/SQ injections as prescribed and as needed following physician and standing orders
- IV management and care, including insertion of peripheral IV, port access/de-access and PICC care, includes dressing changes, line maintenance/ de-clotting and PICC removal
- Collaborate with the physician in the plan of care for wounds, including assessing, changing plan of care as needed and conservative sharp debridement
- Record and document all pertinent information in the EMR system EPIC

April 2015- Jan 2017
RN Hospice Case Manager

Home Healthcare Hospice and Community Services
Keene, NH 03431

- Visit patient's in their place of residence to provide End of Life care
- Assess patients during and implement appropriate nursing interventions
- Perform venipuncture, dressing changes and insert foley catheters, port/PICC maintenance and drain Plurex as needed
- Collaborate with the interdisciplinary healthcare team to provide quality, safe care and maintain quality of life
- Collaborate with patient's Primary Care Physician and Hospice Medical Director for medication and symptom management
- Provide education to caregivers on topics such as medication administration, symptom management, incontinence care, pressure reduction and repositioning
- Provide emotional support to family members and make appropriate referrals for additional services needed
- Document all pertinent information using electronic medical record
- Ensure patient has adequate supply of necessary medication and other supplies

May 2012- Jan 2017
RN/ LPN

Genesis Healthcare, Applewood Rehabilitation and Nursing Center
Winchester, NH 03470

- 68 Bed Facility, including a 12 Bed Skilled Nursing Unit; Resident to Nurse Ratio 24:1
- Assess patients as needed and implement appropriate nursing interventions
- Collaborate with the interdisciplinary healthcare team to provide quality care and maintain quality of life
- Supervise LNAs on assigned unit and ensure care & safety of all residents and staff
- Maintain access to and provide proper care to peripheral lines and peripherally inserted central catheters
- Administer IV antibiotics as needed

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- Perform venipuncture as needed
- Document all pertinent information using electronic documentation system

Volunteer Work

Jan 2021- May 2021	Vaccinator at the State of New Hampshire COVID 19 Vaccine site at Krif Road, Keene
March 2021	Vaccinator at the State of New Hampshire COVID 19 Vaccine site at NH Motor Speedway
Sept 2018	Medical Team at the Clarence DeMar Marathon/Half Marathon Road Race
Ongoing	Red Cap Run (2014, 2015, 2016, 2017 and 2019 races)
Ongoing	Recycled Percussion Super Team, assist at various community events including coat drives, Thanksgiving meal pick-ups, Toy Drives and Toy pick-ups on Christmas Day
Ongoing	Assist with Flu and COVID Vaccine clinics at Cheshire Medical Center/DH-K

Professional Memberships

New Hampshire Nurse Practitioner Association
American Association of Nurse Practitioners
National Alliance of Wound Care

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Cheshire Medical Center
Key Personnel

Name	Job Title	Salary Amount Paid from this Contract
John Letendre	Continuum of Care Facilitator	$22,994.40
Maera Cramer	Program Assistant	$19,094.40
Kerry Kelley	Program Assistant	$18,720.00
Megan Welnak	Content Manager	$19,000.00
Tricia Zahn	Director	$20,000.00
Tammy Dwyer	Director	$0.00

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41

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
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

June 13, 2022

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 contracts with the Contractors listed below in an amount not to exceed $8,961,720 for the provision of Regional Public Health Network (RPHN) services, with the option to renew for up to four (4) additional years, upon Governor and Council approval, through June 30, 2024. 93% Federal Funds. 7% General Funds.

Contractor Name	Vendor Code	Area Served	Contract Amount
Granite United Way	160015	Capital Region, Carroll County, South Central	$2,452,816
Greater Seacoast Community Health	154703	Strafford County	$864,998
Lamprey Health Care, Inc.	177677	Seacoast	$860,672
Mary Hitchcock Memorial Hospital	177160	Greater Sullivan and Upper Valley	$1,541,542
Mid-State Health Center	158055	Central NH	$817,436
North Country Health Consortium	158557	North Country	$768,078
Partnership for Public Health, Inc.	165635	Winnipesaukee	$829,674
The Cheshire Medical Center	155405	Greater Monadnock	$826,504
		Total:	**$8,961,720**

***The contracts for the City of Nashua and the Manchester Health Department are pending signature and will be submitted to Governor and Executive Council at a later date.**

Funds are available in the following accounts for State Fiscal Year 2023, and are anticipated to be available in State Fiscal Year 2024, 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to oversee Regional Public Health Network (RPHN) services by providing a broad range of public health services. Each RPHN site serves a defined Public Health Region with every municipality in the state assigned to a region, thereby ensuring statewide Public Health Network services. The RPHNs will serve as the lead public health entities on behalf of the Department in lieu of a county-based public health system.

The eight (8) Contractors oversee 11 Regional Public Health Networks involving broad public health interests, including local health departments and health officers, health care providers, social service agencies, schools, fire, police, emergency medical services, media and advocacy groups, behavioral health, and leaders in the business, government, and faith communities, working together to address complex public health issues. The Regional Public Health Networks set regional priorities that are data-driven, evidence-based, responsive to the needs of the region, and serve in an advisory role for all public health and substance use related activities occurring in their region.

The Contractors will support the following programs:

- Substance Misuse Prevention – Lead and coordinate impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services.
- Continuum of Care Facilitation - Lead and/or support activities to develop a robust and coordinated Continuum of Care for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care.
- Overdose Prevention Response – Oversee a three (3) year initiative to disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN.
- Health Disparities Community Health Worker – Provide Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 education and other services to improve wellness and access to health care.
- Public Health Advisory Council - Coordinate and facilitate the regional Public Health Advisory Council, including providing a Council leadership team and direction to public health activities within the assigned region.
- Public Health Emergency Preparedness - Lead coordinated efforts with regional public health, health care and emergency management partners to develop and exercise response plans to improve the region's ability to respond to public health emergencies. These regional activities are integral to the State's capacity to respond to public health emergencies.
- School Based Vaccination Clinics - Administer school-based clinics to provide vaccination against COVID-19 and influenza.

Through the work completed by the Contractors, all citizens of the State will be impacted by services during State Fiscal Years 2023 and 2024.

The Department will monitor services by:

- Ensuring the Contractors document organizational structures for the Public Health Advisory Council(s), including vision or mission statements, agreements, meeting minutes, Community Health Improvement Plan, and an annual report.
- Monitoring operational readiness, response rates during notification and assembly drills, and requests for deployment met during emergencies.

- Ensuring linkages and coordination with behavioral and medical health providers increase to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
- Monitoring annual increases in percentage of students receiving vaccination and percentage of schools providing vaccination clinics.

The Department selected the Contractors through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from April 25, 2022 through May 23, 2022. The Department received 10 responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions of the attached agreements, the parties have the option to extend the agreements for up to four (4) 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, the State will have less coordinated and comprehensive public health and substance use-related services that can, over time, reduce costs, improve health outcomes, and reduce health disparities. The Department's ability to address health related impacts on high-risk and underserved populations will also be significantly limited, potentially increasing the health and economic burden on citizens statewide.

Area Served: Statewide.

Source of Federal Funds: Preventive Health and Health Services Block Grant, CDFA #93.991; FAIN #NB01OT009381; Public Health Emergency Preparedness, CDFA #93.069, FAIN #U90TP922018; Block Grants for Prevention and Treatment of Substance Abuse, CDFA #93.959, FAIN #TI084659 and FAIN #TI083955; Immunization Cooperative Agreements, CDFA #93.268, FAIN #NH23IP922595; National Bioterrorism Hospital Preparedness Program, CDFA #93.889, FAIN #U3REP190580; Opioid STR, CDFA #93.788, FAIN #TI83326A; Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, CDFA #93.391, FAIN # NH95OT000031.

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

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-8011 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PREVENTIVE HEALTH BLOCK GRANT

100% Federal Funds **Award Date:** **8/16/2021**

CFDA #93.991 FAIN #NB01OT009381

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90001022	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$330,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS

63% Federal Funds & 37% General Funds **Award Date:** **TBD 7/1/2022**

CFDA #93.069 FAIN #U90TP922018

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$33,290
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$85,165
2024	102-500731	Contracts for Prog Svs	90077410	$33,290
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$85,165
			Sub Total	$170,330

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$52,537
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$104,412
2024	102-500731	Contracts for Prog Svs	90077410	$52,537
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$104,412
			Sub Total	$208,824

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$47,743
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$99,618
2024	102-500731	Contracts for Prog Svs	90077410	$47,743
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$99,618
			Sub Total	$199,236

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$45,925
2024	102-500731	Contracts for Prog Svs	90077410	$45,925
			Sub Total	$91,850

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$44,729
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$96,604
2024	102-500731	Contracts for Prog Svs	90077410	$44,729
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$96,604
			Sub Total	$193,208

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$50,374
2023	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2023	$102,249
2024	102-500731	Contracts for Prog Svs	90077410	$50,374
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875
			Sub Total 2024	$102,249
			Sub Total	$204,498

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$86,750
2024	074-500589	Grants for Pub Asst and Relief	90077410	$86,750
			Sub Total	$173,500

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$67,310
2024	074-500589	Grants for Pub Asst and Relief	90077410	$67,310
			Sub Total	$134,620

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$54,787
2024	074-500589	Grants for Pub Asst and Relief	90077410	$54,787
			Sub Total	$109,574

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$80,631
2024	074-500589	Grants for Pub Asst and Relief	90077410	$80,631
			Sub Total	$161,262

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Svs	90077410	$70,952
2024	074-500589	Grants for Pub Asst and Relief	90077410	$70,952
			Sub Total	$141,904
			SUB TOTAL	$1,788,806

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

97% Federal Funds & 3% General Funds — **Award Date:** **2/10/2022**

CFDA #93.959 — FAIN #TI084659

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Asst and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660
			Sub Total 2024	$147,660
			Sub-Total	$295,320
			SUB TOTAL	$3,248,520

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

100% Federal Funds — **Award Date:** **TBD 7/1/2022**

CFDA #93.268 — FAIN #NH23IP922595

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$210,000

05-95-90-902510-1956 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, IMMUNIZATION COVID-19

100% Federal Funds — **Award Date:** 3/29/2021

CFDA #93.268 — FAIN #NH23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023210	$15,000
2024	102-500731	Contracts for Prog Services	90023210	$15,000
			Sub-Total	$30,000
			SUB TOTAL	$90,000

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS

100% Federal Funds — **Award Date:** TBD 7/1/2022

CFDA #93.889 — FAIN #U3REP190580

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	$10,000
			Sub-Total	$20,000
			SUB TOTAL	$220,000

05-95-90-902510-2495 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF INFECTIOUS DISEASE CONTROL, ARP-IMMUNIZATION

100% Federal Funds — **Award Date:** 3/31/2021

CFDA #93.268 — FAIN #H23IP922595

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90023800	$50,000
2024	102-500731	Contracts for Prog Services	90023800	$50,000
			Sub-Total	$100,000
			SUB TOTAL	$1,100,000

05-95-92-920510-19810000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL, SABG ADDITIONAL

100% Federal Funds — Award Date: 5/17/2021

CFDA #93.959 — FAIN #TI083955

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Asst and Relief	92059502	$70,427
			Sub-Total	$140,854
			SUB TOTAL	$1,549,394

05-95-92-920510-70400000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS DEPT OF, HHS: DIV FOR BEHAVORIAL HEALTH, BUREAU OF DRUG & ALCOHOL SVCS, STATE OPIOID RESPONSE GRANT

100% Federal Funds
CFDA #93.788 — FAIN #TI83326A — **Award Date:** 8/27/2020

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Sullivan County Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	074-500589	Grants for Pub Asst and Relief	92057048	$25,000
2024	074-500589	Grants for Pub Asst and Relief		$0
			Sub-Total	$25,000
			SUB TOTAL	$275,000

05-95-90-901010-5771 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, PH COVID-19 HEALTH DISPARITIES

100% Federal Funds
CFDA #93.391 FAIN #NH95OT000031 Award Date: 5/27/2021

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

Greater Seacoast Community Health — Vendor # 154703-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Capitol Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way - Carroll County Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Granite United Way -South Central Region — Vendor # 160015-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Lamprey Health Care, Inc. — Vendor #177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Partnership for Public Health, Inc. — Vendor # 165635-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mary Hitchcock Memorial Hospital - Upper Valley Region — Vendor # 177160-B003

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2023	102-500731	Contracts for Prog Services	90577140	$15,000
2024	102-500731	Contracts for Prog Services	90577140	$0
			Sub-Total	$15,000
			SUB TOTAL	$150,000
			TOTAL ALL	$8,961,720

New Hampshire Department of Health and Human Services
Division of Finance and Procurement
Bureau of Contracts and Procurement
Scoring Sheet

Project ID # RFA-2023-DPHS-02-REGION

Project Title Regional Public Health Networks

	Maximum Points Available	City of Nashua	The Cheshire Medical Center	Mary Hitchcock Memorial	Granite United Way	Greater Seacoast Community Health	Manchester Health Department	Mid-State Health Center	North Country Health Consortium	Partnership for Public Health	Lamprey Health Care
Technical											
Experience Q1	30	30	28	25	25	30	20	20	18	30	30
Ability Q2	40	35	40	33	30	40	23	25	35	35	35
Capacity Q3	30	30	28	23	25	28	13	15	25	20	30
Knowledge Q4	50	50	50	50	45	45	25	40	43	50	43
TOTAL POINTS	150	145	146	131	125	143	81	100	121	135	138

FORM NUMBER P-37 (version 12/11/2019)

Subject: Regional Public Health Network Services (RFA-2023-DPHS-02-REGIO-10)

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name The Cheshire Medical Center		1.4 Contractor Address 580 Court Street, Keene, NH 03431	
1.5 Contractor Phone Number (603) 354-5400	1.6 Account Number See Attached	1.7 Completion Date 6/30/2024	1.8 Price Limitation $826,504
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Daniel Gross D2850D81337140E...	6/6/2022 Date:	1.12 Name and Title of Contractor Signatory Daniel Gross CFO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 8486FB30F5BF0A8...	6/7/2022 Date:	1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino F4073A6442A1400...		On: 6/7/2022	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials DG
Date ~~6/6/2022~~

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.

Contractor Initials DS DG
Date 6/6/2022

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 Initials DG

Date 6/6/2022

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.

Contractor Initials DS DG

Date 6/6/2022

Regional Public Health Network Account Numbers

05-95-90-901010-8011

05-95-90-903510-1114

05-95-92-920510-3380

05-95-90-902510-5178

05-95-90-902510-1956

05-95-90-903510-1113

05-95-90-902510-2495

05-95-92-920510-1981

05-95-92-920510-7040

05-95-90-901010-5771

DS
DG

Contractor Initials

Date ~~6/6/2022~~

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

EXHIBIT A

Revisions to Standard Agreement 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 four (4) additional years 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 if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. 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.

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

EXHIBIT B

Scope of Services

1. Statement of Work

1.1. The Contractor shall serve as a lead organization to host Regional Public Health Network (RPHN) services to deliver a broad range of public health services within the Greater Monadnock region, for the following programs within the Department of Health and Human Services (Department), Division of Public Health Services:

1.1.1. Substance Misuse Prevention.

1.1.2. Continuum of Care Facilitation.

1.1.3. Overdose Prevention Response.

1.1.4. Health Disparities Community Health Worker.

1.1.5. Public Health Advisory Council.

1.1.6. Public Health Emergency Preparedness.

1.1.7. School Based Vaccination Clinics.

1.2. The Contractor shall ensure that NH communities within this public health region are covered by initiatives to protect and improve the health of the public. The Contractor shall provide services which include, but are not limited to:

1.2.1. Sustaining a regional Public Health Advisory Council (PHAC).

1.2.2. Overseeing RPHN staff to ensure they meet the core competencies of Public Health professionals.

1.2.3. Facilitating the implementation of evidence-based multidisciplinary substance misuse and prevention activities through Continuum of Care (CoC), ranging from population-level strategies to targeted interventions aimed at high-risk individuals.

1.2.4. Planning for, and responding to, public health incidents and emergencies.

1.2.5. Contract administration and leadership.

Public Health services include:

1.2.6. Substance Misuse Prevention

1.2.6.1. The Contractor shall provide leadership and coordination to impact substance misuse prevention and related health promotion activities by implementing, promoting, and advancing evidence-based primary prevention approaches, programs, policies, and services. The Contractor shall:

1.2.6.1.1. Implement the strategic prevention model, in accordance with the Substance Abuse and

Mental Health Services Administration (SAMHSA) Strategic Prevention Framework that includes assessment, capacity development, planning, implementation, and evaluation.

1.2.6.1.2. Utilize a public health approach to prevent and reduce substance misuse risk factors and strengthen protective factors known to influence behaviors. Regional data driven primary prevention approaches must be consistent with the Center for Substance Abuse Prevention (CSAP) categories but do not need to include all CSAP categories.

1.2.6.1.3. Support and advance the implementation of evidenced-informed approaches, programs, policies, and services within the RPHN region through community engagement and mobilization.

1.2.6.1.4. Advance, promote, and implement substance misuse primary prevention strategies that incorporate the Institute of Medicine (IOM) categories of prevention: universal, selective, and indicated prevention by addressing risk factors and protective factors known to impact behaviors that target substance misuse and reduce the progression of substance use disorders and related consequences for individuals, families, and communities.

1.2.6.1.5. Comply with the Federal Substance Abuse Block Grant requirements for substance misuse primary prevention strategies, collection, and reporting of data as outlined in the Federal Regulatory Requirements for SAMHSA 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures.

1.2.6.1.6. Ensure substance misuse prevention is represented at PHAC meetings, and with a bi-directional exchange of information, to advance efforts of substance misuse prevention initiatives.

1.2.6.1.7. Assist as directed by the Department's Bureau of Drug and Alcohol Services (BDAS), with the Federal Block Grant Comprehensive Synar activities that include, but are not limited to, merchant and community education efforts; youth involvement; and policy and advocacy efforts.

1.2.6.1.8. Ensure Substance Misuse Prevention Coordination and CoC Facilitation will:

1.2.6.1.8.1. Guided by the SPF and Assets and Gaps Analysis, maintain, revise, and publicly promote a data driven regional substance misuse prevention and CoC outcomes based three (3) year strategic plan that aligns with the State Health Improvement Plan (SHIP), Community Health Improvement Plan (CHIP), and Governor's Commission on Alcohol and Drug Abuse Prevention, Treatment, and Recovery Plan.

1.2.6.1.8.2. Develop annual work plans for Department approval that guides actions and includes outcome-based performance measures and in alignment with the three (3) year strategic plan. Based on changing and emerging local conditions adapt work plans as necessary with approval by the Department.

1.2.6.1.8.3. Report progress with the work plan and three (3) year strategic plan including outcomes in a Department approved database.

1.2.6.1.8.4. Maintain a substance misuse leadership team consisting of regional representatives with a special expertise in substance misuse prevention, early

intervention, treatment and recovery who can help guide and assist with awareness and advance substance misuse efforts in the region.

1.2.6.1.8.5. Produce and disseminate an annual report that demonstrates successes, challenges, outcomes from the previous year and projected goals for the following year.

1.2.6.1.8.6. Participate in RPHN Substance Misuse meetings as directed by BDAS.

1.2.7. Continuum of Care (CoC) Facilitation

1.2.7.1. The Contractor shall provide leadership and/or support for activities that assist in the facilitation of development of a robust and coordinated CoC for prevention, early intervention, treatment and recovery, utilizing the principles of Resiliency and Recovery Oriented Systems of Care (RROSC). The Contractor shall:

1.2.7.1.1. Engage regional partners in conducting a regional asset and gap analysis; and ongoing update of regional assets and gaps. The Contractor shall ensure regional partners include, but are not limited to:

1.2.7.1.1.1. Prevention, Early Intervention, Treatment, Recovery and Support Services providers.

1.2.7.1.1.2. Primary health care providers.

1.2.7.1.1.3. Behavioral health care providers.

1.2.7.1.1.4. Other interested and/or affected parties.

1.2.7.1.2. Facilitate and/or provide support for initiatives that result in:

1.2.7.1.2.1. Increased awareness of and access to services.

1.2.7.1.2.2. Increased communication and collaboration among providers.

1.2.7.1.2.3. Increased capacity and delivery of services.

1.2.7.1.2.4. Demonstrate progress toward priorities and actions identified in the regional CoC development plan.

1.2.7.1.2.5. Coordinate activities with other RPHN projects and existing and emerging initiatives that relate to CoC work including, but not limited to, The Doorway.

1.2.7.1.2.6. Work with statewide and other initiatives to disseminate resource guides and other service access information to places where people are likely to seek assistance including, but not limited to:

1.2.7.1.2.6.1. Health service providers.

1.2.7.1.2.6.2. Public and charter schools and institutes of higher education.

1.2.7.1.2.6.3. Police and fire stations.

1.2.7.1.2.6.4. Municipal government buildings.

1.2.7.1.2.6.5. Businesses in every community of the region.

1.2.7.1.3. Engage regional stakeholders to assist with information dissemination.

1.2.8. Overdose Prevention Response

1.2.8.1. The Contractor shall conduct a three (3) year initiative to

disseminate and distribute overdose prevention education resources, Naloxone, and Naloxone kits to reach high-need, high-risk populations within the RHPN. The Department shall provide guidance

1.2.8.1.1. Conduct a needs assessment to inform response efforts that include, but is not limited to:

1.2.8.1.1.1. Gathering existing regional and local level data related to alcohol and other drug overdoses.

1.2.8.1.1.2. Collaborating with the Department to obtain State level data sources related to alcohol and other drug overdoses.

1.2.8.1.1.3. Working with regional and local stakeholders to identify high-need, high-risk populations. Stakeholders include, but are not limited to:

1.2.8.1.1.3.1. Doorways

1.2.8.1.1.3.2. Recovery care organizations

1.2.8.1.1.3.3. Treatment providers

1.2.8.1.1.3.4. Law enforcement

1.2.8.1.1.3.5. Hospitals

1.2.8.1.1.4. Utilize the data from the assessment to develop a community map that identifies community assets and resources of the partner agencies across the continuum of care, and distribute and disseminate resources.

1.2.8.1.2. Coordinate with regional and local partners and stakeholders to reach high-need, high-risk populations for distribution and dissemination

of prevention overdose materials and products.

1.2.8.2. The Contractor shall participate in Department trainings and meetings, as requested.

1.2.9. Health Disparities Community Health Worker

1.2.9.1. The Contractor shall provide a health disparities Community Health Worker (CHW) to support culturally and linguistically appropriate COVID-19 and other Social Determinants of Health (SDOH) related services.

1.2.9.2. The Contractor shall submit CHW-related documentation to the Department within 30 days of Agreement effective date, which shall include, but is not limited to:

1.2.9.2.1. Staff recruitment plan.

1.2.9.2.2. Training procedures.

1.2.9.2.3. Onboarding plan.

1.2.9.3. The Contractor shall ensure the CHW provides COVID-19 support services, including, but not limited to:

1.2.9.3.1. Connecting community members to culturally and linguistically competent COVID-19 testing in hyper-local community testing sites.

1.2.9.3.2. Assisting with contact tracing, when required.

1.2.9.3.3. Cultural mediation among individuals, communities, and health and social service systems.

1.2.9.3.4. Culturally appropriate health education and information.

1.2.9.3.5. Care coordination, case management, and system navigation.

1.2.9.3.6. Coaching and social support by advocating for individuals and communities.

1.2.9.3.7. Direct services to clients with COVID-19 and their family or household members affected by COVID-19, which include, but are not limited to facilitating:

1.2.9.3.7.1. Access to COVID-19 testing within five (5) days of encounter

between the CHW and the client.

1.2.9.3.7.2. Access to the influenza vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.7.3. Access to the COVID-19 vaccine within 14 days of encounter between the CHW and the client.

1.2.9.3.8. Accommodating communication access needs of individuals served through use of qualified interpreters and translated materials.

1.2.9.3.9. Providing and distributing educational information about COVID-19 vaccinations and general Department guidance for individual mitigation.

1.2.9.4. The Contractor shall ensure the CHW provides SDOH related services, which include, but are not limited to:

1.2.9.4.1. Creating connections between vulnerable populations and healthcare providers by providing the following services to vulnerable populations, which include, but are not limited to:

1.2.9.4.1.1. Providing appropriate care coordination, case management, and connections to patient and family identified community and social services and referrals.

1.2.9.4.1.2. Assisting with maintaining and/or applying for social services within their community.

1.2.9.4.1.3. Identifying and helping to mitigate barriers in health care access such as transportation, language, and childcare.

1.2.9.4.1.4. Assisting vulnerable populations with navigating the healthcare system.

1.2.9.4.1.5. Determining eligibility and enrolling vulnerable populations in health insurance plans.

1.2.9.4.1.6. Providing culturally appropriate health education on topics related to COVID-19, chronic disease prevention, physical activity, and nutrition.

1.2.9.4.1.7. Providing informal counseling, health screenings, and referrals.

1.2.9.4.1.8. Connecting clients with community-based agencies through closed loop and/or warm hand-off referrals for supports that include, but are not limited to:

1.2.9.4.1.8.1. Food insecurity supports.

1.2.9.4.1.8.2. Mental health supports.

1.2.9.4.1.8.3. Health care referrals.

1.2.9.4.1.8.4. Substance use disorder supports.

1.2.9.4.1.8.5. Educational supports and services.

1.2.9.4.1.8.6. Financial literacy.

1.2.9.4.1.8.7. Budgeting supports.

1.2.9.4.1.8.8. COVID-19 testing, vaccination, and/or immunization resources.

1.2.9.4.1.8.9. Social Isolation supports.

1.2.9.4.2. Increasing cultural competence among healthcare providers serving vulnerable populations by providing services that include, but are not limited to:

1.2.9.4.2.1. Educating healthcare providers and stakeholders about community health needs.

1.2.9.4.2.2. Managing care and care transitions for vulnerable populations.

1.2.9.4.2.3. Advocating for vulnerable populations or communities to receive services and resources to address health needs.

1.2.9.4.2.4. Collecting data and relaying information to stakeholders to inform programs and policies.

1.2.9.4.2.5. Building community capacity to address health issues.

1.2.9.4.2.6. Ensuring cultural mediation among vulnerable populations, communities, and health and social service systems serving vulnerable populations.

1.2.9.4.3. Completing data tracking system forms to document the care coordination and case management of the patient and family.

1.2.9.5. The Contractor shall ensure the CHW documents encounters within the Contractor's data tracking system, upon obtaining the appropriate consent, to identify services, assist in navigating the healthcare system and support data quality. The CHW shall obtain the following data, which includes but is not limited to:

1.2.9.5.1. Race.

1.2.9.5.2. Ethnicity.

1.2.9.5.3. Language.

1.2.9.5.4. Household income.

1.2.9.5.5. Marital status.

1.2.9.5.6. Age of parents.

1.2.9.5.7. Sexual orientation and/or gender identity.

1.2.9.5.8. Street address.

1.2.9.5.9. Town.

1.2.9.5.10. County.

1.2.9.5.11. Zip Code.

1.2.9.5.12. State.

1.2.9.5.13. Number of incarcerated parents (if applicable).

1.2.9.5.14. Phone number and/or email address.

1.2.9.5.15. Status of receiving benefits, if applicable, including, but not limited to:

1.2.9.5.15.1. Supplemental Nutrition Assistance Program (SNAP).

1.2.9.5.15.2. Child Care.

1.2.9.5.15.3. Medicaid.

1.2.9.5.15.4. Social Security.

1.2.9.5.15.5. Temporary Assistance for Needy Families (TANF).

1.2.9.5.15.6. Women, Infants, and Children (WIC) program.

1.2.9.6. The Contractor shall ensure the CHW participates in at least one (1) professional development activity per year related to culturally and linguistically appropriate services and organizational cultural effectiveness.

1.2.9.7. The Contractor shall ensure the CHW participates in CHW trainings and NH CHW Coalition meetings and conferences, as directed by the Department.

1.2.10. Public Health Advisory Council

1.2.10.1. The Contractor shall coordinate and facilitate the regional PHAC to provide a PHAC leadership team and direction to public health activities within the assigned region. The Contractor shall:

1.2.10.1.1. Maintain a set of operating guidelines or by-laws for the PHAC;

1.2.10.1.2. Recruit, train, and retain diverse regional PHAC representatives to serve on a PHAC leadership team, with the authority to:

1.2.10.1.2.1. Approve regional health priorities and implement high-level goals and strategies.

1.2.10.1.2.2. Address emergent public health issues, as identified by regional partners and the Department, and mobilize key regional stakeholders to address the issues.

1.2.10.1.2.3. Form committees and workgroups to address specific strategies and public health topics.

1.2.10.1.2.4. Participate in and inform hospital needs assessments and data collection activities within the public health region.

1.2.10.1.2.5. Make recommendations within the public health region and to the Department regarding funding and priorities for service delivery based on needs assessments and data collection.

1.2.10.1.2.6. Attend Department-sponsored PHAC coordinating meetings as directed by the Department.

1.2.10.1.3. Conduct, at minimum, biannual meetings of the PHAC.

1.2.10.1.4. Ensure the PHAC leadership team meets at least quarterly in order to:

1.2.10.1.4.1. Ensure meeting minutes are available to the public upon request.

1.2.10.1.4.2. Develop a conflict of interest statement and ensure all leadership team members sign a statement.

1.2.10.1.5. Develop annual action plans for the services in this RFA, as advised by the PHAC.

1.2.10.1.6. Coordinate with the Department to collect, analyze, and disseminate data relative to the health status of the region; educate network partners about on-line and other sources of data; and participate in community health assessments.

1.2.10.1.7. Maintain a CHIP that is aligned with the SHIP; and informed by other health improvement plans developed by community partners. The CHIP must inform the plans of Substance Misuse Primary prevention coordination (SMPC), CoC facilitation, and Public Health Emergency Preparedness (PHEP) scopes of work to achieve complimentary and shared public health outcomes.

1.2.10.1.8. Provide leadership through guidance, technical assistance, and training to community partners to implement and ensure CHIP priorities and monitor CHIP implementation.

1.2.10.1.9. Publish an annual report capturing the PHAC's activities and outcomes and progress towards addressing CHIP priorities, and distribute the annual report to the community

1.2.10.1.10. Maintain a website that provides information to the public and agency partners, which includes but is not limited to, information on the PHAC, CHIP, SMPC, CoC facilitation, and PHEP programs.

1.2.10.1.11. Advance the work of RPHNs by conducting a minimum of four (4) educational and training programs annually to RPHN partners and others.

1.2.10.1.12. Educate partners and stakeholder groups, including elected officials, on the PHAC.

1.2.10.1.13. Use reasonable efforts to obtain other sources of funding to support the activities and priorities of the PHAC and implementation of the CHIP, for the purposes of sustaining public health improvement efforts.

1.2.11. Public Health Emergency Preparedness

1.2.11.1. The Contractor shall provide leadership and coordination to improve regional public health emergency response plans and the capacity for partner organizations to mitigate, prepare for, respond to, and recover from public health incidents and emergencies. The Contractor shall:

1.2.11.1.1. Ensure all activities are directed toward meeting the national standards described in the U.S. Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities (October 2018) and subsequent editions.

1.2.11.1.2. Coordinate and convene, at minimum, quarterly regional PHEP planning committee and/or workgroup to:

1.2.11.1.2.1. Improve regional emergency response plans.

1.2.11.1.2.2. Improve the capacity for partner entities to mitigate, prepare for, respond to and recover from public health emergencies.

1.2.11.1.2.3. Convene, at minimum, quarterly meetings of the regional PHEP committee and/or workgroup.

1.2.11.1.2.4. Ensure and document committee and/or workgroup review and concurrence with revision to the Regional Public Health Emergency Annex (RPHEA), annually.

1.2.11.1.3. Maintain a three (3) year Training and Exercise Program that, at a minimum, includes all drill and exercises required under the Strategic National Stockpile (SNS) and other requirements issued by the CDC.

1.2.11.1.4. Develop statements of the mission and goals for the regional PHEP initiative including the workgroup.

1.2.11.1.5. Submit an annual work plan based on a template provided by the Department.

1.2.11.1.6. Sponsor, and organize the logistics for, a minimum of two (2) trainings annually for regional partners.

1.2.11.1.7. Collaborate with the Department's Division of Public Health Services (DPHS), the Community Health Institute, NH Fire Academy, Granite State Health Care Coalition; and other training providers to implement training programs.

1.2.11.1.8. Revise the RPHEA based on guidance from the Department. The Contractor shall:

1.2.11.1.8.1. Upload the RPHEA with all appendices, attachments, and other supporting materials to a web-based document-sharing site identified by the Department.

1.2.11.1.8.2. Develop new appendices based on priorities identified by the Department using templates provided by the Department.

1.2.11.1.8.3. Disseminate, educate, and train partners on the RPHEA to ensure a coordinated response to emergencies.

1.2.11.1.8.4. Participate in workgroups to develop or revise components of the RPHEA convened by the Department or the agency contracted to provide training and technical assistance to RPHNs.

1.2.11.1.9. Understand the hazards and social conditions that increase vulnerability within the public

health region including, but not limited to, SDOH factors. The Contractor shall:

1.2.11.1.9.1. Implement strategies and activities in response to priorities established during the jurisdictional risk assessment conducted during SFY 2019.

1.2.11.1.9.2. Participate, as requested, in risk and/or vulnerability assessments conducted by hospital-based health care systems, municipalities, entities serving individuals with functional needs, and other public health, health care, behavioral health and environmental health entities.

1.2.11.1.10. Strengthen community partnerships to support public health preparedness and implement strategies to strengthen community resilience with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning for and response to a public health incident or emergency.

1.2.11.1.11. Ensure capacity to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel.

1.2.11.1.12. Identify and, as needed, train individuals to coordinate and disseminate information to the public during an incident or emergency.

1.2.11.1.13. Disseminate Health Alert Network messages and other warnings issued by State or local authorities on a routine basis and during an incident or emergency.

1.2.11.1.14. Maintain the capacity to utilize Web Based Emergency Operations Center (WebEOC), the State's emergency management platform, during incidents or emergencies.

1.2.11.1.15. Provide training as needed to individuals to participate in emergency management using WebEOC.

1.2.11.1.16. Maintain the capacity to support mass fatality management activities implemented by State officials during emergencies.

1.2.11.1.17. Maintain the capacity to coordinate public health and supportive health care services in emergency shelters through collaboration with municipal officials.

1.2.11.1.18. Implement activities that support the CDC's Operational Readiness Review (ORR) program in accordance with current requirements and guidance. Coordinate with the Department's SNS Coordinator to identify appropriate actions and priorities that include, but are not limited to:

1.2.11.1.18.1. Semi-annual submission of Medical Countermeasures Technical Assistance Action Plans.

1.2.11.1.18.2. Annual submission of either ORR or self-assessment documentation.

1.2.11.1.18.3. ORR site visit as scheduled by the CDC and the Department.

1.2.11.1.18.4. Completion of relevant drills/exercises and supporting documents to meet annual CDC exercise requirements.

1.2.11.1.19. As funding allows, maintain an inventory of supplies and equipment for use during incidents and emergencies by:

1.2.11.1.19.1. Executing agreements with agencies to store, inventory, and rotate these supplies prior to purchasing new supplies or equipment.

1.2.11.1.19.2. Uploading, at least annually, a complete inventory to a Health

Information Management System (HIMS) identified by the Department.

1.2.11.1.20. Recruit, train, and retain volunteers to assist during incidents or emergencies, with a priority on individuals from the health care sector. The Contractor shall:

1.2.11.1.20.1. Maintain proficiency in the volunteer management system supported by the Department.

1.2.11.1.20.2. Enroll and manage local volunteers to ensure the capacity to activate and deploy volunteers during an incident or emergency.

1.2.11.1.20.3. Provide training to individuals as needed to ensure the capacity to utilize the system during incidents or emergencies.

1.2.11.1.20.4. Conduct quarterly notification drills of volunteers.

1.2.11.1.21. Participate, as requested by the Department, in drills and exercises conducted by other regional entities as appropriate; and participate in statewide drills and exercises as appropriate and as funding allows.

1.2.11.1.22. Participate, as requested by the Department, in a statewide healthcare coalition directed toward meeting the national standards described in the 2017-2022 Health Care Preparedness and Response Capabilities guidance published by the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response.

1.2.11.1.23. Plan and implement targeted vaccination clinics, as requested by the Department, ensuring clinics take place at locations where individuals at-risk for vaccine preventable

disease can be accessed, according to guidance issued by the Department.

1.2.12. Public Health Emergency Preparedness: COVID-19 Response

1.2.12.1. Emergency Operations

1.2.12.1.1. The Contractor shall enact emergency operations across the RPHN for COVID-19 efforts by:

1.2.12.1.1.1. Activating the region's Multi-Agency Coordination Entity (MACE) at a level appropriate to meet the needs of the response.

1.2.12.1.1.2. Staffing the MACE with the numbers and skills necessary to support the response and ensure worker safety.

1.2.12.1.1.3. Assessing the region's public health and healthcare system training needs.

1.2.12.1.1.4. Providing training designed to improve the region's public health and healthcare system response.

1.2.12.1.1.5. Ensuring plans and region's response actions incorporate the latest DPHS guidance and direction.

1.2.12.2. Responder Safety and Health

1.2.12.2.1. The Contractor shall ensure the health and safety of the public health response in the RPHN, including but not limited to:

1.2.12.2.1.1. Implementing staff resiliency programs, information, and referrals to responder mental health support.

1.2.12.2.1.2. Determining responder safety and health gaps and implementing corrective actions.

1.2.12.2.1.3. Documenting and tracking the RPHN's personal protective equipment inventory.

1.2.12.3. Identification of Vulnerable Populations

1.2.12.3.1. The Contractor shall identify and implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes.

1.2.12.3.2. The Contractor shall coordinate with governmental and nongovernmental programs that can be leveraged to provide health and human services and disseminate information to connect the public with available services.

1.2.12.4. Information Sharing and Public Information

1.2.12.4.1. The Contractor shall ensure information regarding the COVID-19 efforts are provided to the public; including, but not limited to:

1.2.12.4.1.1. Disseminating information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations and public health responders.

1.2.12.4.1.2. Monitoring local news stories and social media postings to determine if information is accurate, identify messaging gaps, and coordinate with DHHS to adjust communications as needed.

1.2.12.4.1.3. Coordinating communication messages, products, and programs with DHHS, key partners and stakeholders, to harmonize response messaging.

1.2.12.5. Distribution and Use of Medical Materials

1.2.12.5.1. The Contractor shall ensure capacity for a mass vaccination campaign, including:

1.2.12.5.1.1. Maintaining ability for vaccine-specific Cold Chain management.

1.2.12.5.1.2. Coordinating targeted and mass vaccination clinics for emergency response.

1.2.12.5.1.3. Rapidly identifying high-risk persons requiring vaccine.

1.2.12.5.1.4. Planning and prioritizing limited medical countermeasures (MCM) based on guidance from the CDC and the Department.

1.2.12.5.1.5. Ensuring capacity for distribution of MCM and supplies.

1.2.12.5.1.6. Coordinating with the Department to create agreements with health care entities, as identified by the Department, to coordinate distribution and tracking of vaccinations.

1.2.12.5.2. The Contractor shall plan and conduct mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with all policies and procedures put forth by the Department.

1.2.12.5.3. The Contractor will utilize the Department's loaned assets to expand upon their personnel's ability to utilize the CDC's electronic Vaccine Administration Management System (VAMS), the Department's New Hampshire Immunization Information System (NHIIS) or another system as designated by the Department to input

vaccine data. The Contractor agrees to the following terms regarding the use of loaned assets:

1.2.12.5.3.1. As applicable and subject to the terms and conditions of this Agreement, the Department may provide the user with assets. This is a non-transferable right for the user to use the assets. The type of asset and quantity deployed will be determined jointly by the Contractor and the Department. An asset inventory reflecting the deployed assets will be managed by the Department with input and validation by the Contractor and will be updated as needed for asset management.

1.2.12.5.3.2. As applicable, the Contractor agrees to use and operate the assets only in conjunction with the appropriate business use, as determined by the Department, unless otherwise agreed upon by mutual written consent.

1.2.12.5.3.3. As applicable, the Contractor acknowledges the assets will be provided with Windows 10 Professional (OEM version) and Microsoft Office software and it is the responsibility of the Contractor to purchase, install, and maintain all additional software required. In accordance with Exhibit K (Information Security Requirements), the Contractor further acknowledges responsibility for maintaining

security standards including but not limited to antivirus software, patching and software updates.

1.2.12.5.3.4. As applicable, the Contractor acknowledges the Department's Security Office and NH DoIT will not provide technical assistance or IT support in association with the use of the assets; however, VAMS and NHIIS User Support may be provided by the Department's Immunization Program.

1.2.12.5.3.5. As applicable, the Contractor understands and agrees that the Department retains ownership of the loaned assets, and further agrees to return the assets to the Department in good working condition when no longer needed for the identified business need or within thirty (30) days of contract termination, inclusive of any amendments to extend the contract term.

1.2.12.5.3.6. As applicable, prior to returning laptop, iPads, and/or other mobile or storage devices to the Department, the Contractor agrees to sanitize all data from said devices. The User agrees to cleanse all data using the Purge technique unless Purge cannot be applied due to the firmware involved. For National Institute of Standards and Technology (NIST) Media Sanitization Guides refer to the NIST

Special Publication 800-88 Rev.1, or later for guidelines at https://csrc.nist.gov/publications/sp800.

1.2.12.6. Surge Staffing

1.2.12.6.1. The Contractor shall activate mechanisms for surging public health responder staff.

1.2.12.6.2. The Contractor shall recruit, enroll, activate, train, and deploy volunteers, including but not limited to:

1.2.12.6.2.1. Medical Reserve Corps (MRC).

1.2.12.6.2.2. Citizens Emergency Response Teams (CERT).

1.2.12.6.2.3. Public Health Coordination with Healthcare Systems.

1.2.12.6.3. The Contractor shall coordinate with the Granite State Healthcare Coalition, its member agencies, and other health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community.

1.2.12.6.4. The Contractor shall participate in the activation of Alternative Care Sites as requested by the sponsoring hospital(s) and/or at the Department's direction.

1.2.12.7. Biosurveillance

1.2.12.7.1. The Contractor shall conduct surveillance and case identification, as needed and as requested by the Department, including, but not limited to:

1.2.12.7.1.1. Public health epidemiological investigation activities such as contact follow-up.

1.2.12.7.1.2. Assessing risk of travelers and other persons with potential COVID-19 exposures.

1.2.12.7.1.3. Enhancing surveillance systems to provide case-based and aggregate epidemiological data.

1.2.12.7.1.4. Ensuring data management systems are in place and meet the needs of the jurisdiction.

1.2.12.7.1.5. Ensuring efficient and timely data collection.

1.2.12.7.1.6. Ensuring ability to rapidly exchange data with public health partners and other relevant partners.

1.2.12.8. Vaccine Preventable Disease Prevention

1.2.12.8.1. The Contractor shall coordinate with local community-based agencies for the administration of vaccines supplied by the New Hampshire Immunization Program (NHIP) to New Hampshire residents as directed by the Department. The Contractor shall:

1.2.12.8.1.1. Make copies of standing orders, emergency interventions/protocols and instructions on Vaccine Adverse Event Reporting System (VAERS) reporting available at all clinics.

1.2.12.8.1.2. Recruit, train, and retain qualified medical and non-medical volunteers to help operate the clinics.

1.2.12.8.1.3. Procure necessary supplies to conduct vaccine clinics, including, but not limited to, emergency management medications, equipment, and needles.

1.2.12.8.2. The Contractor shall ensure proper vaccine storage, handling and management. The Contractor shall:

1.2.12.8.2.1. Annually submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP to ensure that all listed requirements are met.

1.2.12.8.2.2. Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.

1.2.12.8.2.3. Record temperatures twice daily (AM and PM), during normal business hours, for the primary refrigerator; and hourly when the vaccine is stored outside of the primary refrigerator unit.

1.2.12.8.2.4. Ensure that an emergency backup plan is in place in case of primary refrigerator failure.

1.2.12.8.2.5. Utilize a temperature data logger for all vaccine monitoring, including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.

1.2.12.8.2.6. Submit a monthly temperature log to the NHIP for the primary refrigerator storage.

1.2.12.8.2.7. Track each vaccine dose provided by NHIP.

1.2.12.8.2.8. Perform the following actions if a temperature excursion or adverse event occurs:

1.2.12.8.2.8.1. Immediately quarantine

	the vaccine in a temperature appropriate setting, separating it from other vaccines and labeling it "DO NOT USE".
1.2.12.8.2.8.2.	Immediately contact the manufacturer to explain the event duration and temperature information to determine if the vaccine is still viable.
1.2.12.8.2.8.3.	Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion by contacting the NHIP and faxing incident forms.
1.2.12.8.2.8.4.	Submit a Cold Chain Incident Report along with a Data Logger report

to NHIP within 24 hours of temperature excursion occurrence.

1.2.12.8.3. Within 24 hours of the completion of every clinic:

1.2.12.8.3.1. Update the State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.12.8.3.2. Ensure that doses administered in the inventory system match the clinical documentation of doses administered.

1.2.12.8.3.3. Submit the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.12.8.3.4. Submit the following totals to NHIP outside of the vaccine ordering system:

1.2.12.8.3.4.1. Total number of individuals vaccinated by age ranges, vaccine formulation and other demographic indicators as determined by the Department.

1.2.12.8.3.4.2. Total number of vaccines wasted.

1.2.12.8.3.5. The Contractor, in coordination with participating agencies, shall complete an annual year-end self-evaluation and improvement plan that includes, but is not limited to, the following:

1.2.12.8.3.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.12.8.3.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.12.8.3.5.3. Future strategies and plans for increasing the number of vaccinated individuals.

1.2.12.8.3.5.4. Suggestions on how state level resources may aid increasing the number

of vaccinated individuals

1.2.12.8.3.6. The Contractor shall, when medical direction is unable to be obtained, develop and submit a regional vaccine promotion plan, including a budget and strategies to measure the impact of the promotional activities for their region, to the Department for approval.

1.2.12.9. COVID-19 Vaccinations

1.2.12.9.1. The Contractor shall reduce access barriers to the COVID-19 vaccination for vulnerable populations (or "target populations"), including, but not limited to:

1.2.12.9.1.1. Racial minority populations.

1.2.12.9.1.2. Ethnic minority populations.

1.2.12.9.1.3. Individuals experiencing homelessness.

1.2.12.9.1.4. Individuals experiencing housing instability.

1.2.12.9.1.5. Rural communities.

1.2.12.9.2. The Contractor may assist the Department and/or partners in planning and conducting mobile and other clinics to provide vaccinations against SARS-CoV-2 as directed by the Department, and in accordance with policies.

1.2.12.9.3. The Contractor shall develop and implement engagement strategies to promote the COVID-19 vaccination and increase vaccine confidence through education, outreach, and partnerships in the target populations. The Contractor shall:

1.2.12.9.3.1. Identify community liaison collaborators to increase the knowledge of COVID-19

vaccinations among the target populations. Community liaison collaborators shall include, but are not limited to:

1.2.12.9.3.2. Federally Qualified Health Centers.

1.2.12.9.3.3. Community Mental Health Centers.

1.2.12.9.3.4. Community-based Organizations.

1.2.12.9.3.5. City Health Departments.

1.2.12.9.3.6. Faith-based Organizations.

1.2.12.9.3.7. Local barbers and hairdressers.

1.2.12.9.3.8. Community Colleges.

1.2.12.9.3.9. Schools.

1.2.12.9.4. Conduct outreach to populations including, but not limited to, those who:

1.2.12.9.4.1. Experience disproportionately high rates of COVID-19 and related deaths.

1.2.12.9.4.2. Have high rates of underlying health conditions that place them at greater risk for severe COVID-19 as determined by the CDC.

1.2.12.9.4.3. Are likely to experience barriers to accessing COVID-19 vaccination services, such as geographical barriers, transportation barriers, and health system barriers.

1.2.12.9.4.4. Are likely to have low acceptance of, or confidence in, COVID-19 vaccines.

1.2.12.9.4.5. Have a history of mistrust in health authorities or the medical establishment.

1.2.12.9.4.6. Are not well-known to health authorities or have not traditionally been the focus of immunization programs.

1.2.12.9.5. Reduce barriers to receipt of vaccination services, including, but not limited to, providing translation services for individuals who need assistance with Vaccination and Immunization Network Interface (VINI) or other State immunization registry systems.

1.2.12.9.6. Conduct outreach to assess individuals' readiness to receive a vaccination.

1.2.12.9.7. Have a medical professional available to provide counseling to individuals experiencing vaccine hesitancy.

1.2.12.9.8. Increase COVID-19 vaccine confidence among the populations listed above by developing and distributing messaging in multiple languages on any printed, audio, video, social media and/or other mediums used.

1.2.12.9.9. Participate in meetings with the Department, as requested by the Department.

1.2.12.9.10. Attend NHIP trainings.

1.2.12.9.11. Attend NH Public Health Association and other stakeholder immunization meetings/conferences.

1.2.12.9.12. Share information with the target populations regarding Department and other health organizations training and technical assistance opportunities.

1.2.12.10. The Contractor shall procure resources, equipment, and/or supplies as needed to establish and operate vaccine clinics, which shall include, but not be limited to:

1.2.12.10.1. Coordinating, operating, and managing clinics.

1.2.12.10.2. Procuring communication devices and services, which may include, but are not limited to:

1.2.12.10.2.1. Two-way radios.

1.2.12.10.2.2. Cell phones.

1.2.12.10.2.3. Wi-Fi.

1.2.12.10.2.4. Computers.

1.2.12.10.3. Procuring disposable supplies, which may include, but are not limited to:

1.2.12.10.3.1. Generator fuel.

1.2.12.10.3.2. Propane.

1.2.12.10.3.3. Oil.

1.2.12.10.3.4. Batteries.

1.2.12.10.4. Procuring clinical supplies, which may include, but are not limited to:

1.2.12.10.4.1. Syringes.

1.2.12.10.4.2. Needles.

1.2.12.10.4.3. Alcohol wipes.

1.2.12.10.4.4. Band aids.

1.2.12.10.4.5. Stickers.

1.2.12.10.5. Procuring other necessary supplies and equipment per COVID-19 Vaccine Provider Agreement.

1.2.12.10.6. Ensuring proper vaccine storage, handling, administration and documentation in accordance with state and federal guidelines.

1.2.12.10.7. Recruiting, training, and scheduling vaccine clinic staff to provide services which include, but are not limited to:

1.2.12.10.7.1. Administering vaccines.

1.2.12.10.7.2. Participating in training, as requested.

1.2.12.10.7.3. Supporting the planning and operations of conducting mobile and other COVID-19 vaccine clinics.

1.2.12.10.8. Reimbursing mileage costs for vaccine clinic staff, Contractor's staff, and clinic volunteers at the IRS mileage reimbursement rate for travel to and from vaccine clinics.

1.2.13. School-Based Vaccination Clinics

1.2.13.1. The Contractor may provide organizational structure to administer school-based clinics (SBC) to provide vaccination against SARS-CoV-2 and Influenza. The Contractor shall:

1.2.13.1.1. Conduct outreach to schools to enroll or continue in the SBC initiative.

1.2.13.1.2. Ensure that SBC services are offered with priority to schools identified by the NHIP as having the highest percentage of students eligible for free/reduced school lunch program.

1.2.13.1.3. Distribute state-supplied promotional vaccination materials.

1.2.13.1.4. Distribute, obtain, verify, and store written consent forms from legal guardians prior to administration of vaccines, in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other state and federal regulations.

1.2.13.1.5. Document, verify, and store written or electronic record of vaccine administration in compliance with HIPAA and other state and federal regulations.

1.2.13.1.6. Provide written communication of vaccination status, indicating either completed or not completed, to the parent and/or legal guardian upon the day of vaccination.

1.2.13.1.7. Provide vaccination information to the patient's primary care provider following HIPAA, federal and state guidelines, unless the parent and/or legal guardian requests that the information not be

shared, in which case the information may be given to the parent and/or guardian to distribute to the primary care providers. The Contractor shall ensure information includes:

1.2.13.1.7.1. Patient full name and one other unique patient identifier;

1.2.13.1.7.2. Vaccine name;

1.2.13.1.7.3. Vaccine manufacturer;

1.2.13.1.7.4. Lot number;

1.2.13.1.7.5. Date of vaccine expiration;

1.2.13.1.7.6. Date of vaccine administration;

1.2.13.1.7.7. Date Vaccine Information Sheet (VIS) was given;

1.2.13.1.7.8. Edition date of the VIS given;

1.2.13.1.7.9. Name and address of entity that administered the vaccine (Contractor's name); and

1.2.13.1.7.10. Full name and title of the individual who administered the vaccine.

1.2.13.1.8. Adhere to current federal guidelines for vaccine administration, including but not limited to disseminating a VIS, in order that the legal authority, legal guardian, and/or parent is provided access to the information on the day of vaccination.

1.2.13.1.9. Develop and maintain written policies and procedures to ensure the safety of employees, volunteers, and patients.

1.2.13.1.10. Encourage schools participating in the SBC program to submit a daily report of the total number of students absent and

total number of students absent with influenza-like illness for in-session school days.

1.2.13.1.11. Submit a list of SBC clinics planned for the upcoming season to NHIP, providing updates as applicable.

1.2.13.2. The Contractor shall safely administer vaccine supplied by NHIP. The Contractor shall:

1.2.13.2.1. Ensure copies of standing orders, emergency interventions, and/or protocols are available at all clinics.

1.2.13.2.2. Recruit, train, and retain qualified medical and non-medical volunteers to assist with operating the clinics.

1.2.13.2.3. Procure necessary supplies to conduct school vaccine clinics, including but not limited to emergency management medications and equipment, needles, personal protective equipment, antiseptic wipes, and non-latex bandages.

1.2.13.3. The Contractor shall ensure proper vaccine storage, handling and management, and shall:

1.2.13.3.1. Submit a signed Vaccine/IG/Pharmaceutical Management Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering vaccination (other than COVID-19), immunoglobulin or other pharmaceuticals supplied by the NHIP.

1.2.13.3.2. Submit a signed COVID-19 Vaccination Provider Agreement to NHIP, annually, ensuring all listed requirements are met by providers administering COVID-19 vaccination.

1.2.13.3.3. Ensure the SBC coordinator completes the NHIP vaccination training annually.

1.2.13.3.4. Retain a copy of SBC coordinator training certificates on file.

1.2.13.3.5.	Utilize NHIP training materials or other educational materials, as approved by the Department prior to use, for annual training of SBC staff on vaccine administration, ordering, storage and handling.
1.2.13.3.6.	Retain a copy of all training materials on site for reference during SBCs.
1.2.13.3.7.	Ensure vaccine is stored at the manufacturer's recommended temperatures the entire time the vaccine is in the Contractor's custody.
1.2.13.3.8.	Record temperatures twice daily, AM and PM, during normal business hours, for the primary refrigerator and hourly when the vaccine is stored outside of the primary refrigerator.
1.2.13.3.9.	Ensure that an emergency backup plan is in place in case of primary refrigerator failure.
1.2.13.3.10.	Utilize temperature data logger for all vaccine monitoring including primary refrigerator storage as well as the entire duration vaccine is outside of the primary refrigeration unit.
1.2.13.3.11.	Account for every dose of vaccine.
1.2.13.3.12.	Submit a monthly temperature log for the vaccine storage refrigerator.
1.2.13.3.13.	Notify NHIP and fax or secure email incident forms of any adverse event within 24 hours of event occurring.
1.2.13.3.14.	In the event of a vaccine temperature excursion where the stored vaccine experiences temperatures outside of the manufacturer's recommended temperatures, the Contractor shall immediately quarantine the vaccine in an appropriate temperature setting, separating it from other vaccine, and label it "DO NOT USE."

1.2.13.3.15. Contact the manufacturer immediately to explain the event duration and temperature information to determine if the vaccine is still viable.

1.2.13.3.16. Notify NHIP immediately after contacting the manufacturer regarding any temperature excursion.

1.2.13.3.17. Submit a Cold Chain Incident Report with a Data Logger Report to NHIP within 24 hours of the temperature excursion occurrence.

1.2.13.4. The Contractor shall perform tasks within 24 hours of the completion of every clinic which include, but are not limited to:

1.2.13.4.1. Updating State Vaccination System with total number of vaccines administered and wasted during each mobile clinic.

1.2.13.4.2. Ensuring doses administered and entered in the inventory system match the clinical documentation of doses administered.

1.2.13.4.3. Submitting the hourly vaccine temperature log for the duration the vaccine is kept outside of the Contractor's established vaccine refrigerator.

1.2.13.4.4. Submitting totals to the NHIP outside of the vaccine ordering system that include the total number of:

1.2.13.4.4.1. Individuals vaccinated by age group and vaccine formulation/lot number

1.2.13.4.4.2. Vaccines wasted by vaccine formulation/lot number.

1.2.13.4.5. Completing an annual year-end self-evaluation and improvement plan for areas which include, but are not limited to:

1.2.13.4.5.1. Strategies that worked well in the areas of communication, logistics, or planning.

1.2.13.4.5.2. Areas for improvement at both the state and regional levels, emphasizing strategies for implementing improvements.

1.2.13.4.5.3. Discussions relative to strategies that worked well for increasing both the number of clinics conducted at schools and the number of students vaccinated.

1.2.13.4.5.4. Discussions relative to future strategies and plans for increasing individuals vaccinated, including suggestions on how state-level resources may aid in the effort.

1.2.14. Training and Technical Assistance Requirements

1.2.14.1. The Contractor shall participate in training and technical assistance as follows:

1.2.14.1.1. Public Health Advisory Council

1.2.14.1.1.1. Attend semi-annual meetings of PHAC leadership convened by Department's DPHS and/or BDAS.

1.2.14.1.1.2. Complete a technical assistance needs assessment.

1.2.14.1.2. Public Health Emergency Preparedness

1.2.14.1.2.1. Attend bi-monthly meetings of PHEP coordinators and MCM

		ORR project meetings convened by the Department's DPHS and/or Bureau of Emergency Preparedness, Response and Recovery (EPRR).
	1.2.14.1.2.2.	Complete a technical assistance needs assessment.
	1.2.14.1.2.3.	Attend a minimum of two (2) trainings per year offered by Department's DPHS and/or EPRR or the agency contracted by the Department's DPHS to provide training programs.
1.2.14.1.3.	<u>Substance Misuse Prevention Coordination and Continuum of Care Facilitation</u>	
	1.2.14.1.3.1.	Attend community of practice meetings and/or activities.
	1.2.14.1.3.2.	Work with designated BDAS technical assistance and data and/or evaluation vendors to develop metrics and measures to evaluate outcomes and use the appropriate measures and tools to demonstrate outcomes.
	1.2.14.1.3.3.	Attend all regularly scheduled RPHN substance misuse meetings.
	1.2.14.1.3.4.	Attend additional meetings, conference calls and webinars as

required by the Department.

1.2.14.1.3.5. SMPC lead staff shall be credentialed within one (1) year of hire as Certified Prevention Specialists to meet competency standards established by the International Certification and Reciprocity Consortium (IC&RC), and the New Hampshire Prevention Certification Board.

1.2.14.1.3.6. SMPC lead staff must attend required training, Substance Abuse Prevention Skills Training (SAPST) and Prevention Ethics.

1.2.14.1.3.7. CoC facilitation lead staff must be familiar with the SPF and RROSC systems development within NH.

1.2.14.1.4. School-Based Clinics

1.2.14.1.4.1. Staffing of clinics requires an on-site clinical oversight and direction is provided at each vaccination clinic by a currently licensed clinical staff person with a Basic Life Support (BSL) certification. This requirement does not replace other requirements for Medical Direction that can be provided remotely.

1.2.14.1.4.2. Clinical license, or copy from the NH online license verification showing the license type, expiration and status, and current BLS certificate shall be retained in the training file.

1.3. Reporting

1.3.1. The Contractor shall participate in site visits, which includes but is not limited to:

1.3.1.1. Participating in an annual site visit conducted by the Department's DPHS and/or BDAS that includes all funded staff, the contract administrator and financial manager.

1.3.1.2. Participating in site visits and technical assistance specific to a single scope of work.

1.3.1.3. Submitting other information that may be required by federal and state funders during the contract period.

1.3.2. The Contractor shall provide reports for the PHAC that include, but are not limited to, submitting quarterly PHAC progress reports using an online system administered by the Department's DPHS.

1.3.3. The Contractor shall provide reports for SMP that include, but are not limited to:

1.3.3.1. Submitting quarterly SMP Leadership Team meeting agendas and minutes.

1.3.3.2. Ensuring three (3) year plans are current and posted to RPHN website, and that any revisions to plans are approved by the Department's BDAS.

1.3.3.3. Submitting annual work plans and annual logic models with short-, intermediate-, and long-term measures.

1.3.3.4. Inputting data on a monthly basis by the 20th business day of the month to an online database per Department guidelines and in compliance with the Federal Regulatory Requirements for Substance Abuse and Mental Health Service Administration 20% Set-Aside Primary Prevention Block Grant Funds National Outcome Measures Federal Block Grant. The Contractor shall ensure data includes but is not limited to:

1.3.3.4.1. Number of individuals served or reached.

1.3.3.4.2. Demographics.

1.3.3.4.3. Strategies and activities per IOM by the six (6) activity types.

1.3.3.4.4. Dollar amount and type of funds used in the implementation of strategies and/or interventions.

1.3.3.4.5. Percentage of evidence-based strategies.

1.3.3.5. Submitting annual reports.

1.3.3.6. Providing additional reports or data as required by the Department.

1.3.3.7. Participating and administering the Regional SMP Stakeholder Survey in alternate years.

1.3.4. The Contractor shall provide Reports for Continuum of Care that include, but are not limited to:

1.3.4.1. Submitting updates on regional assets and gaps assessments, as required.

1.3.4.2. Submitting updates on regional CoC development plans, as indicated.

1.3.4.3. Submitting quarterly reports, as indicated.

1.3.4.4. Submitting year-end reports, as indicated.

1.3.5. The Contractor shall complete a monthly report supplied by the Department that includes, but is not limited to:

1.3.5.1. Type and number of activities conducted.

1.3.5.2. Type and number of Naloxone and Naloxone kits distributed including where, and to whom.

1.3.5.3. Demographics of individuals served including:

1.3.5.3.1. Age

1.3.5.3.2. Gender

1.3.5.3.3. Race

1.3.5.3.4. Ethnicity

1.3.5.3.5. Housing status

1.3.5.4. Inventory of Naloxone and Naloxone kits.

1.3.5.5. Communities (towns and cities) served within the region.

1.3.5.6. Barriers to Distribution and Dissemination Plan.

1.3.6. The Contractor shall provide reports for School-Based Vaccination Clinics that include but are not limited to:

1.3.6.1. Attending annual debriefing and planning meetings with NHIP staff.

1.3.6.2. Completing a year-end summary of:

1.3.6.2.1. The total numbers of children vaccinated; and

1.3.6.2.2. Accomplishments and improvements to future school-based clinics.

1.3.6.3. Providing aggregated non-personally identifiable data, by school for each school, to the NHIP no later than three (3) months after SBCs are concluded, that include:

1.3.6.3.1. Number of students by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) at that school;

1.3.6.3.2. Number of students vaccinated against SARS-Co-V-2 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school;

1.3.6.3.3. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) out of the total number at that school; and

1.3.6.3.4. Number of students vaccinated against influenza by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.3.5. Number of students vaccinated against COVID-19 by age group (under 5, 12-17 years old, 12-17 years old and 18 and older) on Medicaid out of the total number at that school.

1.3.6.4. Providing other reports and updates as requested by NHIP.

1.3.7. The Contractor shall submit the following Public Health Emergency Preparedness information and reports to the Department:

1.3.7.1. Information about COVID-19 activities in the current quarterly PHEP progress reports using an online system administered by DPHS.

1.3.7.2. Documentation for pertinent COVID-19 response activities necessary to complete the MCM Operational Readiness Review (ORR) or self-assessment as scheduled by DHHS.

1.3.7.3. Final After-Action Report(s)/Improvement Plan(s) for any other drill(s) or exercise(s) conducted.

1.3.7.4. Other information that may be required by federal and state funders during the contract period.

1.3.8. The Contractor shall submit quarterly reports, which shall include, but are not limited:

1.3.8.1. Description of activities performed, resulting impacts, individuals and families served, and other outcomes.

1.3.8.2. Efforts, successes, and challenges experienced with local community based organizations and stakeholders to promote vaccine awareness and uptake of COVID-19.

1.3.8.3. Efforts, successes, and challenges experienced in reaching high risk and underserved populations to promote and offer COVID-19 vaccinations.

1.3.8.4. Efforts, successes, and challenges experienced in addressing vaccine misinformation and promoting vaccine confidence and uptake, especially within racial and ethnic minority populations.

1.3.8.5. Potential barriers and solutions identified in the past quarter for low vaccine uptake in specific communities.

1.3.8.6. Efforts, successes, and challenges experienced in providing community engagement.

1.3.8.7. Number and percentage of individuals who have not previously received COVID-19 vaccination who were administered vaccination within the reporting period.

1.3.8.8. Percentage of clients who were referred by CHWs and successfully accessed a COVID test and received

results disaggregated by the following age ranges:

1.3.8.8.1. 5-11 years old.

1.3.8.8.2. 12-17 years old.

1.3.8.8.3. 18 years and older.

1.3.8.9. Percentage of clients who were referred by CHWs and successfully received a COVID-19 vaccination disaggregated by the following age ranges:

1.3.8.9.1. 5-11 years old.

1.3.8.9.2. 12-17 years old.

1.3.8.9.3. 18 years and older.

1.3.8.9.4. Any other age group eligible for COVID-19 vaccination.

1.3.8.10. Number of collaborating agencies/services identified as part of CHW-led intervention.

1.3.8.11. Number and percentage of clients with one or more identified co-morbidities through the EMR.

1.3.8.12. Number and percentage of resources provided in a primary language other than English.

1.3.8.13. Number and percentage of in-community visits with CHW clients at locations other than the Contractor's.

1.3.8.14. Number and percentage of encounter types by intensity, length and type, including virtual and/or in-person.

1.3.8.15. Percentage of clients who identify one or more unmet need.

1.3.8.16. Number and percentage of identified unmet needs that are met with assistance of the CHWs.

1.3.8.17. Number and percentage of clients who have completed CHW encounter form and patient questionnaire.

1.3.8.18. Number of encounters with each client by encounter type and, if applicable, resulting referrals by referral type, including:

1.3.8.18.1. Number of encounters to provide communication about COVID-19 risk factors and mitigation/prevention.

1.3.8.18.2. Number of other navigation and support services to address COVID-19 risk factors.

1.3.8.18.3. Number of referrals completed through closed loop referral system.

1.3.8.18.4. Number of referrals for COVID-19 vaccination/vaccine support by CHW, including coordination of activities related to administration of vaccines and excluding direct administration of vaccines.

1.3.8.19. Number and percentage of clients who need and access a COVID-19 test within five (5) days of the first CHW encounter.

1.3.8.20. Number and percentage of clients able to access influenza vaccine within fourteen (14) days of first CHW encounter (flu season only).

1.3.8.21. Number and percentage of CHW clients able to access COVID-19 vaccine within fourteen (14) days of first CHW encounter.

1.3.8.22. Number and percentage of identified unmet needs that are met with assistance of CHWs identified through EMR.

1.3.8.23. Number and type of trainings provided to CHWs supported by COVID Health Disparities funding.

1.4. Performance Measures

1.4.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.1. <u>Public Health Advisory Council</u>

1.4.1.1.1. Documented organizational structure for the PHAC, including but not limited to:

1.4.1.1.1.1. Vision or mission statements.

1.4.1.1.1.2. Organizational charts.

1.4.1.1.1.3. Agreements.

1.4.1.1.1.4. Meeting minutes.

1.4.1.1.1.5. Documentation that the PHAC membership represents public health stakeholders and the covered populations.

1.4.1.1.1.6. CHIP evaluation plan that demonstrates positive outcomes each year.

1.4.1.1.1.7. Publication of an annual report to the community.

1.4.1.2. Public Health Emergency Preparedness

1.4.1.2.1. Annual improvement in planning and operational levels of implementation as documented through the MCM ORR review, based on prioritized recommendations from the Department.

1.4.1.2.2. Response rate and percentage of staff responding during staff notification, acknowledgement and assembly drills.

1.4.1.2.3. Percentage of requests for activation met by the Multi-Agency Coordinating Entity.

1.4.1.2.4. Percentage of requests for deployment during emergencies met by partnering agencies and volunteers.

1.4.1.3. Substance Misuse Primary Prevention Coordination and Continuum of Care Facilitation:

1.4.1.3.1. The Contractor shall ensure the following performance indicators are annually achieved and monitored monthly, or at intervals specified by the Department, to measure the effectiveness of the agreement as follows:

1.4.1.3.1.1. Increased leadership within the RPHN to plan, implement, monitor and evaluate progress in meeting goals in the three year strategic plan.

1.4.1.3.1.2.	Increased section engagement in understanding local conditions related to substance misuse, planning and carrying out the activities and strategies in the three year strategic plan.
1.4.1.3.1.3.	Increase linkages and coordination with behavioral and medical health providers to raise awareness and access to prevention, early intervention, treatment and recovery supports and services.
1.4.1.3.1.4.	Increase in resource allocation within the region to address substance misuse issues.
1.4.1.3.1.5.	Decrease in the use of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.6.	Decrease in the consequences of alcohol and other drugs in the region as identified in the three year strategic plan.
1.4.1.3.1.7.	As measured by a RPHN Community Mobilization Survey Tool designed by the Department and the Youth Risk Behavioral Survey (YRBS) and National Survey on Drug Use and Health

(NSDUH), and other identified data sources.

1.4.1.4. School-Based Vaccination Clinics

1.4.1.4.1. Annual increase in the percentage of students receiving COVID-19 vaccination and seasonal influenza vaccination in school-based clinics.

1.4.1.4.2. Annual increase in the percentage of schools providing School Based vaccination clinics who are identified by NHIP as participating in the Free/Reduced School Lunch Program, or completion of at least 50% of schools listed by the Department.

1.4.1.4.3. Maintain influenza vaccine wastage below 5%.

1.4.2. The Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust program delivery and policy based on successful outcomes.

1.4.3. The Department may collect other key data and metrics from Contractor, including client-level demographic, performance, and service data.

1.4.4. The Department may identify expectations for active and regular collaboration, including key performance objectives, in the resulting contract. Where applicable, the Contractor must collect and share data with the Department in a format specified by the Department.

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. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

3.1.1. 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.

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

3.2.1. The Contractor shall submit, within ten (10) days of the Agreement 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.

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement shall include the following statement, "The preparation of this (report, document etc.) was financed under an 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."

3.3.2. All materials produced or purchased under the Agreement shall have prior approval from the Department before printing, production, distribution or use.

3.3.3. The Department shall retain copyright ownership for any and all original materials produced, including, but not limited to:

3.3.3.1. Brochures.

3.3.3.2. Resource directories.

3.3.3.3. Protocols or guidelines.

3.3.3.4. Posters.

3.3.3.5. Reports.

3.3.4. The Contractor shall not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

4.1. The Contractor shall keep records that include, but are not limited to:

4.1.1. 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.

4.1.2. 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.

4.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records shall include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

4.1.4. Medical records on each patient/recipient of services.

4.2. During the term of this Agreement 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 Agreement for purposes of audit, examination, excerpts and transcripts. Upon the purchase by the Department of the maximum number of units provided for in the Agreement and upon payment of the price limitation hereunder, the Agreement and all the obligations of the parties hereunder (except such obligations as, by the terms of the Agreement are to be performed after the end of the term of this Agreement and/or survive the termination of the Agreement) 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
Regional Public Health Network Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 96% Federal funds from:
      1.1.1. Preventive Health and Health Services Block Grant, as awarded on August 16, 2021, by the Centers for Disease Control and Prevention, CFDA 93.991, FAIN NB01OT009381.
      1.1.2. Public Health Emergency Preparedness, as awarded on July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.069, FAIN U90TP922018.
      1.1.3. Block Grants for Prevention and Treatment of Substance Abuse, as awarded on May 17, 2021 and February 10, 2022, by the US Department of Health and Human Services, CFDA 93.959, FAIN TI084659 and FAIN TI083955.
      1.1.4. Immunization Cooperative Agreements, as awarded on March 29, 2021, March 31, 2021, and July 1, 2022, by the Centers for Disease Control and Prevention, CFDA 93.268, FAIN NH23IP922595.
      1.1.5. National Bioterrorism Hospital Preparedness Program, as awarded on July 1, 2022, by the US Department of Health and Human Services, CFDA 93.889, FAIN U3REP190580.
      1.1.6. Opioid STR, as awarded on August 27, 2020, by the US Department of Health and Human Services, CFDA 93.788, FAIN TI83326A.
      1.1.7. Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises, as awarded on August 27, 2020, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH95OT000031.
   1.2. 4% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, SFY 23 Budget through Exhibit C-2 SFY 24 Budget.

4. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
   4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
   4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
   4.3. Identifies and requests payment for allowable costs incurred in the previous month.
   4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
   4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
   4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

5. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
6. The final invoice and supporting documentation for authorized expenses 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. 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.
8. Audits
   8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

8.1.1. 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.

8.1.2. 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.

8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov 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.

8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

8.3. 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.

8.4. 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.

8.5. 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.

New Hampshire Department of Health and Human Services
Contractor Name: *The Cheshire Medical Center*
Budget Request for: *Regional Public Health Network*
Budget Period *SFY 2023*
Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 9/29/22)	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$35,188	$9,750	$56,119	$5,729	$71,791	$0	$2,325	$9,812
2. Fringe Benefits	$10,233	$2,837	$16,331	$1,667	$20,891	$0	$793	$2,855
3. Consultants	$0	$7,343	$0	$0	$50,000	$0	$0	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$10,000	$5,000	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$5,000	$0
5.(e) Supplies Office	$0	$0	$0	$0	$1,500	$5,000	$0	$0
6. Travel	$56	$0	$4,973	$0	$5,000	$3,000	$5,518	$969
7. Software	$0	$0	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$7,343	$0	$0	$20,000	$5,000	$0	$0
8. (b) Other - Education and Training	$0	$0	$0	$1,895	$5,443	$4,727	$0	$0
8. (c) Other - Other (specify below)								
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0	$0	$0	$0
Total Direct Costs	$45,455	$27,273	$77,423	$9,091	$184,625	$22,727	$13,636	$13,636
Total Indirect Costs	$4,545	$2,727	$7,742	$909	$18,462	$2,273	$1,364	$1,364
Subtotals	$50,000	$30,000	$85,165	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$433,252

Contractor Initials DG
Date 6/6/2022

New Hampshire Department of Health and Human Services

Contractor Name: *The Cheshire Medical Center*

Budget Request for: *Regional Public Health Network*

Budget Period *SFY 2024*

Indirect Cost Rate (if applicable) 10.00%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$35,046	$10,043	$57,803	$5,901	$73,934	$2,395
2. Fringe Benefits	$10,199	$2,923	$16,821	$1,717	$21,515	$817
3. Consultants	$0	$7,154	$0	$0	$50,000	$0
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$0	$10,000	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$5,000
5.(e) Supplies Office	$0	$0	$0	$0	$1,500	$0
6. Travel	$210	$0	$2,799	$0	$5,000	$5,424
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$7,153	$0	$1,473	$20,000	$0
8. (b) Other - Education and Training	$0	$0	$0	$0	$2,876	$0
8. (c) Other - Other (specify below)			$0			
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$0	$0
Total Direct Costs	$45,455	$27,273	$77,423	$9,091	$184,625	$13,636
Total Indirect Costs	$4,545	$2,727	$7,742	$909	$18,462	$1,364
Subtotals	$50,000	$30,000	$85,165	$10,000	$203,087	$15,000
					TOTAL	$393,252

Contractor Initials DG 05

Date 6/6/2022

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

DS DG

Vendor Initials _____
6/6/2022
Date _____

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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

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-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

Vendor Initials DG
Date 6/6/2022

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

DG
Contractor Initials
6/6/2022
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

DS
DG

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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

Contractor Initials DG
Date 6/6/2022

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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
B2500061307402...
Name: Daniel Gross
Title: CFO

DS
DG
Contractor Initials
6/6/2022
Date

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, TitleXIII, 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.

Contractor Initials DG

Date 6/6/2022

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

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:

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

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

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

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

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

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 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.

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Cheshire Medical Center
The State	Name of the Contractor
Patricia M. Tilley	Daniel Gross
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Daniel Gross
Name of Authorized Representative	Name of Authorized Representative
Director	CFO
Title of Authorized Representative	Title of Authorized Representative
6/7/2022	6/6/2022
Date	Date

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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

DS
DG
Contractor Initials
6/6/2022
Date

FORM A

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

1. The DUNS number for your entity is: 073970238

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

Contractor Initials DS DG

Date 6/6/2022

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and 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.

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

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