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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Commissioner

Iain N. Watt
Interim 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

March 26, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing contracts with the Contractors listed below **in bold** for provision of Regional Public Health Network services, by exercising a contract renewal option by increasing the total price limitation by $ 7,071,797 from $12,759,972 to $ 19,831,769, and extending the completion dates from June 30, 2024, to June 30, 2026, effective upon Governor and Council approval. 91% Federal Funds. 9% General Funds.

The individual contracts were approved by Governor and Council as specified in the table below.

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
City of Nashua	177441	Greater Nashua	$1,190,204	$0	$1,190,204	O: 7/12/22 (Item # 10) A1: 2/8/23 (Item #40)
Granite United Way	**160015**	**Capital Region, Carroll County, South Central**	**$2,955,300**	**$ 2,003,449**	**$ 4,958,749**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
Greater Seacoast Community Health	**154703**	**Stafford County**	**$988,185**	**$641,431**	**$1,629,616**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
Lamprey Health Care, Inc.	**177677**	**Seacoast**	**$992,823**	**$ 670,179**	**$ 1,663,002**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
Manchester Health Department	177433	Greater Manchester	$1,146,280	$0	$1,146,280	O: 7/12/22 (Item # 10) A1: 2/8/23 (Item #40)

Mary Hitchcock Memorial Hospital	**177160**	**Greater Sullivan and Upper Valley**	**$1,736,504**	**$1,219,943**	**$2,956,447**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
Mid-State Health Center	**158055**	**Central NH**	**$962,907**	**$642,789**	**$1,605,696**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
North Country Health Consortium	**158557**	**North Country**	**$874,625**	**$678,318**	**$1,552,943**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40))**
Partnership for Public Health, Inc.	**165635**	**Winnipesaukee**	**$920,204**	**$629,720**	**$1,549,924**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
The Cheshire Medical Center	**155405**	**Greater Monadnock**	**$992,940**	**$ 585,968**	**$ 1,578,908**	**O: 6/29/22 (Item #41)** **A1: 2/8/23 (Item #40)**
		Total:	**$12,759,972**	**$ 7,071,797**	**$ 19,831,769**	

*** The amendments for the City of Nashua and Manchester Health Department are pending reviews at the municipal level and will be submitted to Governor and Executive Council at a later date.**

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

See attached fiscal details.

EXPLANATION

The purpose of this request is for the Contractors to continue to provide Regional Public Health Network (RPHN) services that support local health officials, health care providers, social services agencies, and other community stakeholders in addressing public health issues in their region.

This contract enables the Regional Public Health Networks to continue with current programs that support health needs in their communities. The services include substance misuse prevention programs and public health emergency preparedness programs to train communities and healthcare organizations to effectively respond to public health emergencies. The RPHNs will also deploy community health workers to connect families and individuals with health services that address individual needs.

The Regional Public Health Networks set data-driven, evidence-based health priorities that are responsive to the needs of their region. They serve in an advisory role for public health and substance use related activities in their communities and respond to public health emergencies in collaboration with the State.

The Department will monitor services by:

- Monitoring operational 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 to raise awareness and access to prevention, early intervention, treatment and recovery support and services.
- Approving annual work plans
- Reviewing and approving quarterly program progress reports

As referenced in Exhibit A, of the original 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. The Department is exercising its option to renew services for two (2) of the four (4) years available.

Should the Governor and Executive Council not authorize this request, local communities will not have access to substance use programs, Community Health Workers, and emergency response capabilities via the Regional Public Health Networks which will diminish local service capacity and response capability.

Source of Federal Funds: Assistance Listing Number (ALN)#93.991, FAIN# NB01OT009381, ALN# 93.069, FAIN# U90TP922018, ALN# 93.959, FAIN# TI084659, ALN# 93.268, FAIN# NH23IP922595, ALN# 93.889, FAIN# U3REP190580, ALN# 93.959, FAIN# TI083955, ALN# 93.788, FAIN# TI083326A, ALN# 93.391, FAIN# NH75OT000031, ALN# 93.008, FAIN# U3REP230690.

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

Respectfully submitted,

for Lori A. Weaver
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

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$0	$0
			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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

Partnership for Public Health, Inc. Vendor # 165835-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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

Manchester Health Department Vendor # 177433-B009

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$0	$0
			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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000

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
2025	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90001022	$0	$15,000	$15,000
			Sub-Total	$30,000	$30,000	$60,000
			SUB TOTAL	**$390,000**	**$330,000**	**$720,000**

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

66% Federal Funds & 34% General Funds — **Award Date:** **6/30/2023**

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	$138,378	$0	$138,378
2023	074-500589	Grants for Pub Asst and Relief	90077028	$68,128	$0	$68,128
			Sub Total 2023	$206,506	$0	$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
2025	102-500731	Contracts for Prog Svs	90077410	$0	$0	$0
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$0	$0
			Sub Total 2025	$0	$0	$0
2026	102-500731	Contracts for Prog Svs	90077410	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$0	$0
			Sub Total 2026	$0	$0	$0
			Sub Total	$394,234	$0	$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	$45,949	$0	$45,949
2023	074-500589	Grants for Pub Asst and Relief	90077028	$55,793	$0	$55,793
			Sub Total 2023	$101,742	$0	$101,742
2024	102-500731	Contracts for Prog Svs	90077410	$33,290	$16,577	$49,867
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$2,229	$54,104
			Sub Total 2024	$85,165	$18,806	$103,971
2025	102-500731	Contracts for Prog Svs	90077410	$0	$49,867	$49,867
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2025	$0	$103,971	$103,971
2026	102-500731	Contracts for Prog Svs	90077410	$0	$49,867	$49,867
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2026	$0	$103,971	$103,971
			Sub Total	$186,907	$226,748	$413,655

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	$2,229	$54,104
			Sub Total 2024	$104,412	$2,229	$106,641
2025	102-500731	Contracts for Prog Svs	90077410	$0	$52,537	$52,537
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2025	$0	$106,641	$106,641
2026	102-500731	Contracts for Prog Svs	90077410	$0	$52,537	$52,537
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2026	$0	$106,641	$106,641
			Sub Total	$208,824	$215,511	$424,335

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	102-500731	Contracts for Prog Svs	90077410	$49,435	$0	$49,435
2023	074-500589	Grants for Pub Asst and Relief	90077028	$55,827	$0	$55,827
			Sub Total 2023	$105,262	$0	$105,262
2024	102-500731	Contracts for Prog Svs	90077410	$47,743	$5,644	$53,387
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$2,229	$54,104
			Sub Total 2024	$99,618	$7,873	$107,491
2025	102-500731	Contracts for Prog Svs	90077410	$0	$53,387	$53,387
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2025	$0	$107,491	$107,491
2026	102-500731	Contracts for Prog Svs	90077410	$0	$53,387	$53,387
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2026	$0	$107,491	$107,491
			Sub Total	$204,880	$222,855	$427,735

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	$83,600	$0	$83,600
2024	102-500731	Contracts for Prog Svs	90077410	$45,925	$37,675	$83,600
2025	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
2026	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
			Sub Total	$129,525	$204,875	$334,400

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	$61,463	$0	$61,463
			Sub Total 2023	$106,192	$0	$106,192
2024	102-500731	Contracts for Prog Svs	90077410	$44,729	$9,588	$54,317
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$2,229	$54,104
			Sub Total 2024	$96,604	$11,817	$108,421
2025	102-500731	Contracts for Prog Svs	90077410	$0	$54,317	$54,317
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2025	$0	$108,421	$108,421
2026	102-500731	Contracts for Prog Svs	90077410	$0	$54,317	$54,317
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2026	$0	$108,421	$108,421
			Sub Total	$202,796	$228,659	$431,455

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	$56,132	$0	$56,132
			Sub Total 2023	$106,506	$0	$106,506
2024	102-500731	Contracts for Prog Svs	90077410	$50,374	$4,258	$54,632
2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$2,229	$54,104
			Sub Total 2024	$102,249	$6,487	$108,736
2025	102-500731	Contracts for Prog Svs	90077410	$0	$54,632	$54,632
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2025	$0	$108,736	$108,736
2026	102-500731	Contracts for Prog Svs	90077410	$0	$54,632	$54,632
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$54,104	$54,104
			Sub Total 2026	$0	$108,736	$108,736
			Sub Total	$208,755	$223,959	$432,714

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	102-500731	Contracts for Prog Svs	90077410	$86,750	$0	$86,750
2025	102-500731	Contracts for Prog Svs	90077410	$0	$86,750	$86,750
2026	102-500731	Contracts for Prog Svs	90077410	$0	$86,750	$86,750
			Sub Total	$173,500	$173,500	$347,000

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 Svs	90077410	$226,786	$0	$226,786
2023	074-500589	Grants for Pub Asst and Relief	90077028	$70,270	$0	$70,270
			Sub Total 2023	$297,056	$0	$297,056
2024	102-500731	Contracts for Prog Svs	90077410	$186,175	$0	$186,175

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2024	074-500589	Grants for Pub Asst and Relief	90077028	$51,875	$0	$51,875
			Sub Total 2024	$238,050	$0	$238,050
2025	102-500731	Contracts for Prog Svs	90077410	$0	$0	$0
2025	074-500589	Grants for Pub Asst and Relief	90077028	$0	$0	$0
			Sub Total 2025	$0	$0	$0
2026	102-500731	Contracts for Prog Svs	90077410	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90077028	$0	$0	$0
			Sub Total 2026	$0	$0	$0
			Sub Total	$535,106	$0	$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	$83,600	$0	$83,600
2024	102-500731	Contracts for Prog Svs	90077410	$67,310	$16,290	$83,600
2025	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
2026	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
			Sub Total	$150,910	$183,490	$334,400

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	$83,600	$0	$83,600
2024	102-500731	Contracts for Prog Svs	90077410	$54,787	$28,813	$83,600
2025	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
2026	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
			Sub Total	$138,387	$196,013	$334,400

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	$83,600	$0	$83,600
2024	102-500731	Contracts for Prog Svs	90077410	$80,631	$2,969	$83,600
2025	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
2026	102-500731	Contracts for Prog Svs	90077410	$0	$83,600	$83,600
			Sub Total	$164,231	$170,169	$334,400

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	$88,550	$0	$88,550
2024	102-500731	Contracts for Prog Svs	90077410	$70,952	$17,598	$88,550
2025	102-500731	Contracts for Prog Svs	90077410	$0	$88,550	$88,550
2026	102-500731	Contracts for Prog Svs	90077410	$0	$88,550	$88,550
			Sub Total	$159,502	$194,698	$354,200
			SUB TOTAL	**$2,857,557**	**$2,240,477**	**$5,098,034**

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
			Sub Total 2025	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
			Sub Total 2026	$0	$0	$0
			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

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2024	074-500589	Grants for Pub Asst and Relief	92057502	$132,660	$0	$132,660
			Sub Total 2024	$147,660	$0	$147,660
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
			Sub Total 2025	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$0	$0
			Sub Total 2026	$0	$0	$0
			Sub-Total	$295,320	$0	$295,320

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640

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
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2025	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2025	$0	$147,660	$147,660
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	92057502	$0	$132,660	$132,660
			Sub Total 2026	$0	$147,660	$147,660
			Sub-Total	$295,320	$295,320	$590,640
			SUB TOTAL	**$3,839,160**	**$3,248,520**	**$7,087,680**

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:** **7/1/2022**

CFDA #93.268 — FAIN #NH23IP922595

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

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	90023013	$15,000	$0	$15,000
2024	074-500589	Grants for Pub Asst and Relief	90023013	$15,000	$0	$15,000
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000

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
2025	074-500589	Grants for Pub Asst and Relief	90023013	$0	$15,000	$15,000
2026	074-500589	Grants for Pub Asst and Relief	90023013	$0	$0	$0
			Sub-Total	$30,000	$15,000	$45,000
			SUB TOTAL	**$210,000**	**$105,000**	**$315,000**

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	-$15,000	$0
			Sub-Total	$30,000	-$15,000	$15,000

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	-$15,000	$0
			Sub-Total	$30,000	-$15,000	$15,000

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	-$15,000	$0
			Sub-Total	$30,000	-$15,000	$15,000
			SUB TOTAL	**$120,000**	**-$45,000**	**$75,000**

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:** **6/29/2023**

CFDA #93.889 — FAIN #U3REP190580 — CFDA #93.889

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
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$0	$0
			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

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$0	$0
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$0	$0
			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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600

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	$5,600	$15,600
2025	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	$0	$10,000	$10,000
			Sub-Total	$20,000	$25,600	$45,600
			SUB TOTAL	**$260,000**	**$281,600**	**$541,600**

05-95-90-903510-4302 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, NH MRC STRONG VOL PRGM

100% Federal Funds — **Award Date:** **6/1/2023**

CFDA 93.008 — FAIN #U3REP230690

City of Nashua — Vendor # 177441-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$0	$0
			Sub-Total	$0	$0	$0

The Cheshire Medical Center — Vendor # 155405-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$18,300	$18,300
			Sub-Total	$0	$18,300	$18,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$50,700	$50,700
			Sub-Total	$0	$50,700	$50,700

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
2024	102-500731	Contracts for Prog Services	90077740	$0	$18,300	$18,300
			Sub-Total	$0	$18,300	$18,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$10,300	$10,300
			Sub-Total	$0	$10,300	$10,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$40,300	$40,300
			Sub-Total	$0	$40,300	$40,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$10,300	$10,300
			Sub-Total	$0	$10,300	$10,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$14,300	$14,300
			Sub-Total	$0	$14,300	$14,300

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

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$14,300	$14,300
			Sub-Total	$0	$14,300	$14,300

Mid-State Health Center — Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$26,700	$26,700
			Sub-Total	$0	$26,700	$26,700

North Country Health Consortium — Vendor # 158557-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Budget	Increase (Decrease)	Revised Budget
2024	102-500731	Contracts for Prog Services	90077740	$0	$52,700	$52,700
			Sub-Total	$0	$52,700	$52,700
			SUB TOTAL	$0	$256,200	$256,200

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 CFDA #93.268

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

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	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

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

05-95-92-920510-1981 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

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

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	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

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**

05-95-92-920510-7040 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

FINANCIAL DETAIL ATTACHMENT SHEET Regional Public Health Networks (RPHN)						
			Sub-Total	$25,000	$0	$25,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

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

FINANCIAL DETAIL ATTACHMENT SHEET Regional Public Health Networks (RPHN)						
			Sub-Total	$25,000	$0	$25,000
			SUB TOTAL	$325,000	$0	$325,000

FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

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

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	$123,838	$0	$123,838
2023	102-500731	Contracts for Prog Services	90077150	$30,958	$0	$30,958
2024	102-500731	Contracts for Prog Services	90077150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90077150	$0	$0	$0
2026	102-500731	Contracts for Prog Services	90077150	$0	$0	$0
			Sub-Total	$154,796	$0	$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	90577150	$164,859	$0	$164,859
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$5,000	$5,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$164,859	$5,000	$169,859

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	90577150	$138,187	$0	$138,187
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$60,000	$60,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$138,187	$60,000	$198,187

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	90577150	$164,859	$0	$164,859
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$60,000	$60,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$164,859	$60,000	$224,859

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	90577150	$164,859	$0	$164,859
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$60,000	$60,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$164,859	$60,000	$224,859

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	90577150	$164,859	$0	$164,859
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$80,000	$80,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$164,859	$80,000	$244,859

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	$128,605	$0	$128,605
2023	102-500731	Contracts for Prog Services	90577150	$14,289	$0	$14,289
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$70,000	$70,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$142,894	$70,000	$212,894

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	90577150	$105,530	$0	$105,530
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$80,000	$80,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$105,530	$80,000	$185,530

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	90577150	$164,859	$0	$164,859
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$80,000	$80,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$164,859	$80,000	$244,859

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	90577150	$157,502	$0	$157,502
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$80,000	$80,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$157,502	$80,000	$237,502

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	90577150	$103,949	$0	$103,949
2024	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
2025	102-500731	Contracts for Prog Services	90577150	$0	$80,000	$80,000
2026	102-500731	Contracts for Prog Services	90577150	$0	$0	$0
			Sub-Total	$103,949	$80,000	$183,949
			SUB TOTAL	$1,627,153	$655,000	$2,282,153

TOTAL ALL	$12,759,972	$7,071,797	$19,831,769

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

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $4,958,749

3. Modify Exhibit B, Amendment #1 Scope of Services, to add Section 1.1.7 to read:

   1.1.7 School Based Vaccination Clinics will not be provided in the South Central region.

4. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

5. Modify Exhibit B, Scope of Services, to add Section 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

6. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements, etc.;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.9.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

7. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 Professional liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.3.3 Provide coverage for 24 months

1.2.11.2.3.4 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.4 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.5 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.6 MRC STTRONG funds must be spent by May 31, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

9. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

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

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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 6% General funds.

11. 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, Budget Sheet, Amendment #1, through Exhibit C-12, Budget Sheet, Amendment #2.

12. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the Capital Area Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later than 20 business days from Governor and Council approval for this Amendment #2.

13. Modify Exhibit C-4, Budget Sheet, by replacing it in its entirety with Exhibit C-4, Budget Sheet,

Amendment #2, which is attached hereto and incorporated by reference herein.

14. Modify Exhibit C-6, Budget Sheet, by replacing it in its entirety with Exhibit C-6, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.
15. Add Exhibit C-8, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.
16. Add Exhibit C-9, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.
17. Add Exhibit C-11, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.
18. Add Exhibit C-12, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

3/20/2024
Date

DocuSigned by:
Iain Watt
B7788B83F9/0487...
Name: Iain Watt
Title: Interim Director - DPHS

Granite United Way

3/20/2024
Date

DocuSigned by:
Patrick Tufts
475837A1A6D1A5F...
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

3/27/2024
Date

DocuSigned by:
Robyn Guarino
7407348449444B0...
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:

Exhibit C-4 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way*

Budget Request for: *Carroll County RPHN*

Budget Period: *SFY24 (July 1, 2023 - June 30, 2024)*

Indirect Cost Rate (if applicable) 7.17%

Line Item	COVID Response	Public Health Advisory Council (60% PH 40% BOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRONG VOL PRG	Health Disparities Community Health Worker
1. Salary & Wages	$27,179	$17,904	$40,255	$700	$117,046	$3,452	$0	$0	$0
2. Fringe Benefits	$7,610	$5,013	$11,511	$196	$32,773	$1,086	$0	$0	$0
3. Consultants	$4,980	$301	$9,100	$8,500	$1,838	$5,100	$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.	$100	$100	$100	$0	$3,000	$100	$0	$0	$0
5.(a) Supplies - Educational	$500	$0	$100	$250	$0	$250	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$500	$0	$500	$0	$0	$1,000	$0	$0	$0
6. Travel	$799	$500	$4,790	$358	$8,000	$750	$0	$300	$300
7. Software	$200	$200	$200	$0	$1,200	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$150	$150	$250	$100	$0	$100	$0	$0	$0
8. (b) Other - Education and Training	$150	$150	$250	$123	$3,500	$100	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$500	$300	$3,500	$276	$500	$500	$0	$0	$0
Other (MRC Maintenance)	$0	$0	$0	$1,500	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$4,100	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$16,336	$16,336
Other (Current Expenses)	$1,554	$1,738	$2,285	$313	$8,484	$736	$0	$0	$0
Other (Occupancy)	$1,142	$826	$3,795	$275	$5,610	$408	$0	$0	$0
9. Subrecipient Contracts	$100	$100	$100	$0	$1,000	$100	$0	$0	$0
Total Direct Costs	$45,464	$27,282	$76,736	$14,691	$184,925	$13,682	$0	$16,636	$16,636
Total Indirect Costs	$4,536	$2,718	$6,864	$909	$18,162	$1,318	$0	$1,664	$1,664
Subtotals	$50,000	$30,000	$83,600	$15,600	$203,087	$15,000	$0	$18,300	$18,300
							TOTAL		$416,687

DS

Contractor Initial: PT

Date: 3/20/2024

Exhibit C-6 Budget, Amendment #2

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way*
Budget Request for: *Carroll County RPHN*
Budget Period: *SFY25 (July 1, 2024 - June 30, 2025)*
Indirect Cost Rate (if applicable) 6.30%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRRONG VOL PRG	Health Disparities Community Health Worker
1. Salary & Wages	$0	$17,904	$47,356	$700	$75,161	$3,452	$0	$0	$39,020
2. Fringe Benefits	$0	$5,013	$13,260	$196	$21,045	$1,066	$0	$0	$10,925
3. Consultants	$0	$301	$250	$6,500	$500	$5,100	$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	$0	$100	$100	$0	$100	$100	$0	$0	$100
5.(a) Supplies - Educational	$0	$0	$100	$250	$0	$250	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$500	$0	$0	$1,000	$0	$0	$0
6. Travel	$0	$500	$4,790	$358	$5,000	$750	$0	$0	$2,000
7. Software	$0	$200	$200	$0	$1,200	$0	$0	$0	$200
8. (a) Other - Marketing/Communications	$0	$150	$250	$100	$850	$100	$0	$0	$100
8. (b) Other - Education and Training	$0	$150	$250	$123	$2,000	$100	$0	$0	$100
8. (c) Other - Other (Office Supplies)	$0	$300	$3,500	$276	$750	$500	$0	$0	$500
Other (MRC Maintanence)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Current Expenses)	$0	$1,738	$2,285	$313	$8,484	$736	$0	$0	$750
Other (Occupancy)	$0	$826	$3,795	$275	$5,610	$408	$0	$0	$750
9. Subrecipient Contracts	$0	$100	$100	$0	$100	$100	$0	$0	$100
Total Direct Costs	$0	$27,282	$76,736	$9,091	$120,600	$13,682	$0	$0	$54,545
Total Indirect Costs	$0	$2,718	$6,864	$909	$12,060	$1,318	$0	$0	$5,455
Subtotals	$0	$30,000	$83,600	$10,000	$132,660	$15,000	$0	$0	$60,000
							TOTAL		$331,260

Contractor Initial: PT
Date: 3/20/2024

Exhibit C-8 Budget, Amendment #2

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way*
Budget Request for: *Carroll County RPHN*
Budget Period: *SFY26 (July 1, 2025 - June 30,)*
Indirect Cost Rate (If applicable) 6.30%

Line Item	COVID Response	Public Health Advisory Council (60% PH 50% BOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRRONG VOL PRG	Health Disparities Community Health Worker
1. Salary & Wages	$0	$17,904	$47,356	$700	$75,161	$0	$0	$0	$0
2. Fringe Benefits	$0	$5,013	$13,260	$196	$21,045	$0	$0	$0	$0
3. Consultants	$0	$301	$250	$6,500	$500	$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	$100	$100	$0	$100	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$100	$250	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$500	$0	$0	$0	$0	$0	$0
6. Travel	$0	$500	$4,790	$358	$5,000	$0	$0	$0	$0
7. Software	$0	$200	$200	$0	$1,200	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$150	$250	$100	$0	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$150	$250	$123	$2,000	$0	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$0	$300	$3,500	$276	$750	$0	$0	$0	$0
Other (MRC Maintenence)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Current Expenses)	$0	$1,738	$2,285	$313	$8,484	$0	$0	$0	$0
Other (Occupancy)	$0	$826	$3,795	$275	$5,610	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$100	$100	$0	$100	$0	$0	$0	$0
Total Direct Costs	$0	$27,282	$76,736	$9,091	$120,600	$0	$0	$0	$0
Total Indirect Costs	$0	$2,718	$6,864	$909	$12,060	$0	$0	$0	$0
Subtotals	$0	$30,000	$83,600	$10,000	$132,660	$0	$0	$0	$0
							TOTAL		$256,260

Contractor Initial: DS PT
Date: 3/20/2024

Exhibit C-9 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way*

Budget Request for: *South Central RPHN*

Budget Period: *SFY24 (July 1, 2023 - June 30, 2(*

Indirect Cost Rate (If applicable) 4.95%

Line Item	COVID Response	Public Health Advisory Council (60% PH 80% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRIKING VOL PRG	Health Disparities Community Health Worker
1. Salary & Wages	$7,260	$0	$3,521	$8,087	$100,000	$0	$0	$0	$0
2. Fringe Benefits	$1,704	$0	$1,194	$1,092	$20,425	$0	$0	$0	$0
3. Consultants	$15,600	$0	$100	$100	$4,000	$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.	$2,000	$0	$100	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$500	$0	$0	$100	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$2,769	$0	$0	$0	$0	$0	$0	$0	$0
6. Travel	$2,000	$0	$250	$200	$2,500	$0	$0	$300	$0
7. Software	$200	$0	$200	$0	$700	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$500	$0	$250	$100	$0	$0	$0	$0	$0
8. (b) Other - Education and Training	$500	$0	$250	$123	$3,500	$0	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$1,000	$0	$240	$100	$3,000	$0	$0	$0	$0
Other (MRC Maintenance)	$0	$0	$0	$1,500	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$4,100	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Current Expenses)	$1,230	$0	$2,265	$1,110	$2,500	$0	$0	$0	$0
Other (Occupancy)	$0	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$10,391	$30,000	$91,259	$79	$46,000	$0	$0	$0	$0
Total Direct Costs	$45,654	$30,000	$99,649	$14,691	$184,625	$0	$0	$9,364	$0
Total Indirect Costs	$4,346	$0	$8,772	$909	$18,462	$0	$0	$936	$0
Subtotals	$50,000	$30,000	$108,421	$15,600	$203,087	$0	$0	$10,300	$0
							TOTAL		$417,408

Contractor Initial: PT

Date: 3/20/2024

Exhibit C-11 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Granite United Way*

Budget Request for: *South Central RPHN*

Budget Period: *SFY25 (July 1, 2025 - June 30, 20:*

Indirect Cost Rate (if applicable) 3.60%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRRONG VOL PRO	Health Disparities Community Health Worker
1. Salary & Wages	$0	$100	$3,521	$6,087	$88,047	$0	$0	$0	$100
2. Fringe Benefits	$0	$28	$1,194	$1,092	$24,653	$0	$0	$0	$28
3. Consultants	$0	$100	$100	$100	$100	$0	$0	$0	$100
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	$100	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$100	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$0	$0	$0
6. Travel	$0	$100	$250	$200	$2,000	$0	$0	$0	$100
7. Software	$0	$0	$200	$0	$700	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$100	$250	$100	$0	$0	$0	$0	$100
8. (b) Other - Education and Training	$0	$100	$250	$123	$500	$0	$0	$0	$100
8. (c) Other - Other (Office Supplies)	$0	$100	$240	$100	$1,500	$0	$0	$0	$100
Other (MRC Maintanence)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Current Expenses)	$0	$100	$2,285	$1,110	$2,500	$0	$0	$0	$100
Other (Occupancy)	$0	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$29,172	$91,259	$79	$100	$0	$0	$0	$76,772
Total Direct Costs	$0	$29,900	$99,649	$9,091	$120,600	$0	$0	$0	$77,500
Total Indirect Costs	$0	$100	$8,772	$909	$12,060	$0	$0	$0	$2,500
Subtotals	$0	$30,000	$108,421	$10,000	$132,660	$0	$0	$0	$80,000
							TOTAL		$361,081

Contractor Initial: PT

Date: 03/27/2023

Exhibit C-12 Budget, Amendment #2

New Hampshire Department of Health and Human Services
Contractor Name: *Granite United Way*
Budget Request for: *South Central RPHN*
Budget Period: *SFY26 (July 1, 2025 - June 30, 2026)*
Indirect Cost Rate (if applicable) 3.24%

Line Item	COVID Response	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	School-Based Vaccination Clinics	MRC STRONG VOL FRC	Health Disparities Community Health Worker
1. Salary & Wages	$0	$100	$3,521	$6,087	$88,047	$0	$0	$0	$0
2. Fringe Benefits	$0	$28	$1,194	$1,092	$24,653	$0	$0	$0	$0
3. Consultants	$0	$100	$100	$100	$100	$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	$100	$0	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$100	$0	$0	$0	$0	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$0	$0	$0	$0	$0	$0	$0	$0
6. Travel	$0	$100	$250	$200	$2,000	$0	$0	$0	$0
7. Software	$0	$0	$200	$0	$700	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$0	$100	$250	$100	$0	$0	$0	$0	$0
8. (b) Other - Education and Training	$0	$100	$250	$123	$500	$0	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$0	$100	$240	$100	$1,500	$0	$0	$0	$0
Other (MRC Maintenence)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$100	$2,285	$1,110	$2,500	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$29,172	$91,259	$79	$100	$0	$0	$0	$0
Total Direct Costs	$0	$29,900	$99,649	$9,091	$120,600	$0	$0	$0	$0
Total Indirect Costs	$0	$100	$8,772	$909	$12,060	$0	$0	$0	$0
Subtotals	$0	$30,000	$108,421	$10,000	$132,660	$0	$0	$0	$0
							TOTAL		$281,081

Contractor Initial: PT
Date: 3/20/2024

DocuSign Envelope ID: 3E6C15EA-AAF0-445C-A495-211E08256B82

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 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: **0006205201**

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. 2023.

David M. Scanlan

Secretary of State

DocuSign Envelope ID: 3E6C15EA-AAF0-445C-A495-211E08256B82

CERTIFICATE OF AUTHORITY

I, Kathy Bizarro-Thunberg, hereby certify that:

1. I am a duly elected Secretary 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: 3/11/24

Kathy A. Bizarro-Thunberg
Signature of Elected Officer
Name: Kathy Bizarro-Thunberg
Title: Secretary

DocuSign Envelope ID: 3E6C15EA-AAF0-445C-A495-211E08256B82

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/7/2024

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 LLC 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
INSURED Granite United Way 22 Concord Street Floor 2 Manchester NH 03101	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES — CERTIFICATE NUMBER: 24-25 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:			ZHV900337108	1/1/2024	1/1/2025	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			ZHV900337108	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UHV9003210	1/1/2024	1/1/2025	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] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			3A States: NH, VT WHV8996802	1/1/2024	1/1/2025	[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 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

Alyssa Woods/AW

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United Way

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, 2023

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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 Audit of the Financial Statements

Opinion

We have audited the financial statements of Granite United Way, which comprise the statement of financial position as of June 30, 2023 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Granite United Way as of June 30, 2023, 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.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) 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 Granite United Way 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.

Emphasis of Matter

As discussed in Note 2 to the financial statements, on July 1, 2022, the Company adopted FASB ASC 842, Leases. Our opinion is not modified with respect to this matter.

Responsibilities of Management 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; 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.

70 Commercial Street, 4th Floor
Concord, NH 03301
v: 603-224-5357
f: 603-224-3792

59 Emerald Street
Keene, NH 03431
v: 603-357-7665
f: 603-224-3792

44 School Street
Lebanon, NH 03766
v: 603-448-2650
f: 603-448-2476

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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 Granite United Way's ability to continue as a going concern for one year after the date that the financial statements are issued.

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 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 financial statements.

In performing an audit in accordance with GAAS, 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 Granite United Way'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 Granite United Way'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.

Report on Summarized Comparative Information

We have previously audited Granite United Way's June 30, 2022 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated November 22, 2022. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2022 is consistent, in all material respects, with the audited financial statements from which it has been derived.

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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
March 7, 2024

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GRANITE UNITED WAY

STATEMENT OF FINANCIAL POSITION
June 30, 2023 with comparative totals as of June 30, 2022

ASSETS

	2023			2022
	Without Donor/ Time Restrictions	With Donor/ Time Restrictions	Total	Total
CURRENT ASSETS				
Cash	$ -	$ 848,587	$ 848,587	$ 3,695,478
Prepaid and reimbursable expenses	63,369	-	63,369	78,779
Investments	738,932	207,341	946,273	951,443
Accounts and rent receivable	87,559	-	87,559	36,884
Contributions and grants receivable, net of allowance for uncollectible contributions 2023 $499,827; 2022 $465,181	-	3,414,457	3,414,457	2,055,943
Total current assets	889,860	4,470,385	5,360,245	6,818,527
OTHER ASSETS				
Property and equipment, net	1,140,811	-	1,140,811	1,182,928
Operating lease, right-of-use assets	411,830	-	411,830	-
Investments - endowment	12,495	233,821	246,316	235,142
Beneficial interest in assets held by others	-	2,689,430	2,689,430	2,667,867
Total other assets	1,565,136	2,923,251	4,488,387	4,085,937
Total assets	$ 2,454,996	$ 7,393,636	$ 9,848,632	$ 10,904,464

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES				
Current maturities of long-term debt	$ 15,756	$ -	$ 15,756	$ 15,016
Allocations payable to partner agencies	32,602	-	32,602	32,602
Donor-designations payable	351,238	299,669	650,907	882,907
Accounts payable	602,964	-	602,964	435,762
Accrued expenses	211,671	-	211,671	199,767
Current portion operating lease liabilities	124,745	-	124,745	-
Funds held for others	9,337	-	9,337	12,142
Total current liabilities	1,348,313	299,669	1,647,982	1,578,196
LONG-TERM LIABILITIES				
Operating lease liabilities, less current portion	290,021	-	290,021	-
Note payable, less current portion	141,258	-	141,258	157,251
Total long-term liabilities	431,279	-	431,279	157,251
Total liabilities	1,779,592	299,669	2,079,261	1,735,447
COMMITMENTS *(See Notes)*				
NET ASSETS:				
Without donor/ time restrictions	675,404	-	675,404	1,833,039
With donor/ time restrictions (Note 9)	-	7,093,967	7,093,967	7,335,978
Total net assets	675,404	7,093,967	7,769,371	9,169,017
Total liabilities and net assets	$ 2,454,996	$ 7,393,636	$ 9,848,632	$ 10,904,464

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
Year ended June 30, 2023 with comparative totals for the year ended June 30, 2022

	2023			2022
	Without Donor/Time Restrictions	With Donor/Time Restrictions	Total	Total
Support and revenues:				
Campaign revenue:				
Total contributions pledged	$ -	$ 5,614,397	$ 5,614,397	$ 6,599,672
Restricted contributions pledged	-	3,232,903	3,232,903	1,878,594
Less donor designations	-	(887,939)	(887,939)	(1,544,281)
Less provision for uncollectible pledges	-	(301,180)	(301,180)	(280,293)
Add prior years' excess provision for uncollectible pledges taken into income in current year	45,358	-	45,358	20,432
Net campaign revenue	45,358	7,658,181	7,703,539	6,674,124
Support:				
Grant revenue	-	4,491,561	4,491,561	9,489,106
Sponsors and program revenue	-	334,485	334,485	141,950
Contributed non-financial assets	40,398	-	40,398	471,066
Total support	85,756	12,484,227	12,569,983	16,776,246
Other revenue:				
Rental income	100,681	-	100,681	98,131
Administrative fees	81,229	-	81,229	64,677
Miscellaneous income	8,610	-	8,610	3,591
Total support and revenues	276,276	12,484,227	12,760,503	16,942,645
Net assets released from restrictions:				
For satisfaction of time restrictions	3,101,964	(3,101,964)	-	-
For satisfaction of program restrictions	9,656,264	(9,656,264)	-	-
	13,034,504	(274,001)	12,760,503	16,942,645
Expenses:				
Program services	13,529,466	-	13,529,466	13,659,882
Support services:				
Management and general	433,692	-	433,692	539,397
Fundraising	395,656	-	395,656	440,247
Total expenses	14,358,814	-	14,358,814	14,639,526
Increase (decrease) in net assets before non-operating activities	(1,324,310)	(274,001)	(1,598,311)	2,303,119
Non-operating activities:				
Change in value of beneficial interest in trusts, net of fees 2023 $17,560; 2022 $15,185	-	21,563	21,563	(368,827)
Realized and unrealized gains (losses) on investments	(9,195)	5,607	(3,588)	(85,989)
Inherent contribution, Seacoast Region (Note 1)	-	-	-	861,057
Investment income, net	175,870	4,820	180,690	154,085
Total non-operating activities	166,675	31,990	198,665	560,326
Net increase (decrease) in net assets	(1,157,635)	(242,011)	(1,399,646)	2,863,445
Net assets, beginning of year	1,833,039	7,335,978	9,169,017	6,305,572
Net assets, end of year	**$ 675,404**	**$ 7,093,967**	**$ 7,769,371**	**$ 9,169,017**

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENT OF FUNCTIONAL EXPENSES
Year ended June 30, 2023 with comparative totals for the year ended June 30, 2022

	2023											2022
	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	Total
Program services												
Ukraine Relief Fund	$ 1,735,979	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,735,979	$ 720,393
Community impact grants	1,665,801	-	-	-	-	-	-	-	-	-	1,665,801	1,378,246
Preschool Development	501,155	334,542	-	149	-	268	298,201	65,695	244,361	-	1,443,369	338,701
Public Health Network	280	761,973	14,794	21,727	-	6,542	291,866	26,661	105,567	-	1,229,412	1,264,008
Recovery Friendly Workplace	-	323,134	-	-	-	100,504	-	49,479	679,405	-	1,152,522	583,605
211 New Hampshire	-	520,997	-	128,428	6,267	1,168	-	2,410	186,005	-	845,275	1,107,518
Home for All	-	96,023	2,425	-	-	-	291,908	-	15,808	-	406,224	114,567
Whole Village Family Resource Center	-	74,943	73,311	10,240	-	-	117,335	403	74,358	31,897	382,487	447,583
Department of Justice	-	59,380	-	-	-	-	273,221	-	8,291	-	340,892	538,818
Work United Program	-	158,032	-	-	-	-	-	63,403	-	-	221,405	193,493
ARPA - Support for Grieving Children	181,174	-	-	-	-	-	-	-	-	-	181,174	258,818
Volunteer Income Tax Assistance	-	115,095	-	-	-	-	17,304	-	24,115	-	156,514	171,670
Literacy	-	-	-	-	-	-	-	-	36,462	-	36,462	96,293
NH Camps COVID testing	-	-	-	-	-	-	-	-	-	-	-	3,408,777
Other program services	321,180	1,959,441	191,218	128,709	101,248	83,293	610,396	43,941	218,272	72,262	3,731,950	3,037,393
Total program services	4,404,479	4,403,530	281,748	289,333	107,515	191,775	1,901,293	253,930	1,592,644	104,159	13,659,882	13,659,882
Supporting Services												
Management and general	-	280,386	27,371	18,435	14,493	-	47,746	6,576	28,341	10,344	433,692	539,397
Fundraising	-	203,207	19,837	13,361	10,535	124,940	1,733	4,766	9,812	7,497	395,656	440,247
Total supporting services	-	483,593	47,208	31,796	24,996	124,940	49,479	11,342	38,153	17,841	829,348	979,644
Total functional expenses	$ 4,404,479	$ 4,887,123	$ 328,956	$ 321,129	$ 132,511	$ 316,715	$ 1,949,772	$ 265,332	$ 1,630,797	$ 122,000	$ 14,358,814	$ 14,639,526

See Notes to Financial Statements.

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GRANITE UNITED WAY

STATEMENTS OF CASH FLOWS
Years Ended June 30, 2023 and 2022

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Cash received from donors	$ 7,726,692	$ 9,611,551
Cash received from grantors	4,285,526	9,038,682
Administrative fees	81,229	64,677
Other cash received	58,616	141,568
Cash received from trusts	131,695	156,821
Designations paid	(1,119,939)	(1,245,598)
Cash (paid) received for funds held for others	(2,805)	2,473
Cash paid to agencies	(1,553,805)	(1,298,739)
Cash paid to partners and vendors	(12,354,276)	(12,992,806)
Net cash provided by (used in) operating activities	**(2,747,067)**	**3,478,629**
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(79,883)	(113,314)
Purchases of investments	(15,154)	(576,549)
Proceeds from sale of investments	10,466	-
Net cash used in investing activities	**(84,571)**	**(689,863)**
CASH FLOWS FROM FINANCING ACTIVITIES		
Repayments of long-term debt	**(15,253)**	**(14,391)**
Net increase (decrease) in cash	**(2,846,891)**	**2,774,375**
Cash, beginning of year	3,695,478	921,103
Cash, end of year	**$ 848,587**	**$ 3,695,478**
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash payments for:		
Interest expense	$ 6,897	$ 8,071
SUPPLEMENTAL DISCLOSURE OF NON CASH INVESTING ACTIVITIES		
Inherent contribution of investments	$ -	$ 861,057

See Notes to Financial Statements.

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Note 1. Nature of Activities

Granite United Way is the result of several New Hampshire United Ways merging together to create a single, efficient organization that covers most 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,	2023	2022
Community Impact Awards to partner agencies	$ 1,665,801	$ 1,378,246
Donor designated gifts to Health and Human Service agencies	887,939	1,544,281
Granite United Way Program services	11,863,665	12,281,636
Total	$ 14,417,405	$ 15,204,163

During the prior year, the United Way on the Seacoast of NH was merged into the Granite United Way from United Way of Massachusetts Bay and Merrimack Valley. This resulted in a one-time inherent contribution of $861,057, which was comprised of New Hampshire Charitable Fund agency endowment funds. No other assets or liabilities were assumed as part of this transaction.

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 the 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, 2023 and 2022.

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 $12,495 and $11,747 for endowment at June 30, 2023 and 2022, respectively.

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 stipulation 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 $301,180 and $280,293 for the campaign periods ended June 30, 2023 and 2022, respectively. The provision for uncollectible pledges was calculated at 4.5% of the total pledges for both of the years ended June 30, 2023 and 2022.

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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, 2023.

Functional allocation of expenses: The statement of functional expenses presents 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 programs 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, 2023, the United Way does not consider itself to have any significant concentrations of credit risk with respect to contributions receivable.

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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, 2023, there was approximately $205,000 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 2020.

Leases: In February 2016, the Financial Accounting Standards Board (FASB) issued guidance (Accounting Standards Codification [ASC] 842, Leases) to increase transparency and comparability among organizations by requiring the recognition of right-of-use (ROU) assets and lease liabilities on the statement of financial position. Most prominent among the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases.

The Organization has adopted the standard effective July 1, 2022, and recognized and measured leases existing at, or entered into after, July 1, 2022 (the beginning of the period of adoption) through a cumulative effect adjustment, with certain practical expedients available. Leases disclosures for the year ended June 30, 2022 are made under prior lease guidance in FASB ASC 840.

The Organization includes lease extension and termination options in the lease term if, after considering relevant economic factors, it is reasonably certain the Organization will exercise the option. In addition, the Organization has elected to account for any non-lease components in its real estate leases as part of the associated lease component. The Organization has also elected not to recognize leases with original lease terms of 12 months or less (short-term leases) on the Organization's statement of financial position.

For leases with a lease term greater than one year, the Organization recognizes a lease asset for its right to use the underlying leased asset and a lease liability for the corresponding lease obligation. The Organization determines whether an arrangement is or contains a lease at contract inception. Operating lease right-of-use assets and operating lease liabilities are recognized at the lease commencement date based on the present value of lease payments over the lease term. In determining the present value of lease payments, the Organization uses its incremental borrowing rate for a period comparable with that of the lease term. The Organization considers the lease term to be the noncancelable period that it has the right to use the underlying asset, including all periods covered by an option to (1) extend the lease if the Organization is reasonably certain to exercise the option, (2) terminate the lease if the Organization is reasonably certain not to exercise that option, and (3) extend, or not to terminate, the lease in which exercise of the option is controlled by the lessor.

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The operating lease right-of-use assets also include any lease payments made and exclude lease incentives received or receivable. Lease expense is recognized on a straight-line basis over the expected lease term. Variable lease expenses are recorded when incurred.

The Organization elected the package of practical expedients permitted under the transition guidance within the new standard, which among other things, allowed it to carry forward the historical lease classification.

Change in accounting principle: On July 1, 2022, the Organization adopted ASU 2016-02 "Leases (Topic 842)" and subsequent amendments thereto, which requires the Organization to recognize most leases on the statement of financial position. Adopting the leasing standard resulted in the recognition of operating right-of-use assets of $544,416, and operating lease liabilities of $544,416 as of July 1, 2022. These amounts were determined based on the present value of remaining lease payments, discounted using the Organization's incremental borrowing rate as of the date of adoption. There was no material impact to the timing of expense or income recognition in the Organization's statements of activities. Prior periods were not restated and continue to be presented under legacy GAAP. Disclosures about the Organization's leasing activities are presented in Note 12 - Leases.

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.

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Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2023:

	Level 1	Level 2	Level 3
Money market funds	$ 39,703	$ 153,577	$ -
Mutual funds:			
Domestic equity	79,727	-	-
Fixed income	215,000	-	-
Other	15,422	-	-
Fixed income funds	649,937	-	-
Corporate bonds	-	133,718	-
Beneficial interest in assets held by others	-	-	2,689,430
Total	$ 999,789	$ 287,295	$ 2,689,430

Financial assets carried at fair value on a recurring basis consist of the following at June 30, 2022:

	Level 1	Level 2	Level 3
Money market funds	$ 16,765	$ 153,577	$ -
Mutual funds:			
Domestic equity	70,678	-	-
Fixed income	234,586	-	-
Fixed income funds	677,216	-	-
Corporate bonds	-	156,984	-
Beneficial interest in assets held by others	-	-	2,667,867
Total	$ 999,245	$ 310,561	$ 2,667,867

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, 2023 and 2022.

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.

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Note 4. Property and Equipment

Property and equipment, at cost, at June 30,	2023	2022
Land, buildings and building improvements	$ 1,479,446	$ 1,440,636
Leasehold improvements	5,061	5,061
Furniture and equipment	294,244	484,117
Total property and equipment	1,778,751	1,929,814
Less accumulated depreciation	(637,940)	(746,886)
Total property and equipment, net	**$ 1,140,811**	**$ 1,182,928**

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 4% 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 $100,253 and $123,241 from the agency endowed funds during the years ended June 30, 2023 and 2022, respectively.

Designated funds: The United Way is also a beneficiary of eight 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 4% 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 $31,442 and $33,580 from the designated funds during the years ended June 30, 2023 and 2022, respectively. The market value of these fund's assets amounted to approximately $806,000 and $801,000 at June 30, 2023 and 2022, respectively.

Note 6. Long-term Debt and Line of Credit

Long-term debt at June 30,	2023	2022
Mortgage financed with a local bank. Interest rate at the 5-year Federal Home Loan Classic Advance Rate plus 2.5% (4.11% at June 30, 2023). 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.	$ 157,014	$ 172,267
Less portion payable within one year	15,756	15,016
Total long-term debt	$ 141,258	$ 157,251

The scheduled maturities of long-term debt at June 30, 2023 were as follows:

Year Ending June 30,	
2024	$ 15,756
2025	16,532
2026	17,347
2027	18,202
2028	19,099
Thereafter	70,078
Total	$ 157,014

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% (8.50% as of June 30, 2023) and is secured by all assets of the United Way. At June 30, 2023 and 2022, there were no amounts outstanding on this line-of-credit agreement.

Note 7. Funds Held for Others

The United Way held funds for others for the following projects:

June 30,	2023	2022
Work United Loan Default Program	$ 5,695	$ 6,471
Concord Multicultural Festival	2,257	4,286
Get Moving Manchester	1,140	1,140
Better Together Lakes Region	245	245
Total	$ 9,337	$ 12,142

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Note 8. Endowment Funds

The United Way's endowment consists of nine 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.

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, 2023 and 2022.

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.

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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, 2023 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	$ 12,495	$ -	$ 12,495
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	-	91,169	91,169
Total funds	**$ 12,495**	**$ 233,821**	**$ 246,316**

Changes in the endowment net assets as of June 30, 2023 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2022	$ 11,747	$ 223,395	$ 235,142
Investment return, net	748	10,426	11,174
Endowment net assets, June 30, 2023	**$ 12,495**	**$ 233,821**	**$ 246,316**

Endowment net asset composition by type of fund as of June 30, 2022 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Board-designated endowment	$ 11,747	$ -	$ 11,747
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	-	80,743	80,743
	$ 11,747	**$ 223,395**	**$ 235,142**

Changes in the endowment net assets as of June 30, 2022 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets, June 30, 2021	$ 13,026	$ 247,705	$ 260,731
Investment return, net	(1,279)	(24,310)	(25,589)
Endowment net assets, June 30, 2022	**$ 11,747**	**$ 223,395**	**$ 235,142**

Note 9. Net Assets with Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods:

June 30,	2023	2022
Subject to expenditure for specified time period:		
Contributions receivable related to campaigns	$ 3,080,173	$ 1,927,694
Designations payable to other agencies and United Ways	(299,669)	(414,434)
	2,780,504	1,513,260
Subject to expenditure for specified purpose:		
Public Health Network services	334,284	395,399
Manchester Proud	303,577	677,582
Preschool Development	296,364	1,155,066
Mark Stebbins Community Center	263,267	231,392
Leader in Me	128,314	193,988
Literacy Program	58,000	28,871
Ukraine Relief Funds	-	98,809
Work United	-	62,854
Other programs	6,406	87,495
	1,390,212	2,931,456
Endowments subject to the United Way's spending policy and appropriation:		
Investments in perpetuity (original of $142,652), which once appropriated, is expendable to support:		
General Operations	92,388	88,269
Youth Programs	28,179	26,922
Whole Village Resource Center	113,254	108,204
	233,821	223,395
Beneficial interest in assets held by others:		
Agency endowed funds at the New Hampshire Charitable Foundation	2,689,430	2,667,867
Total net assets with donor restrictions	**$ 7,093,967**	**$ 7,335,978**

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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,	2023	2022
Cash	$ 848,587	$ 3,695,478
Investments	1,192,589	1,186,585
Contributions receivable, net	3,414,457	2,055,943
Beneficial interest in trust	2,689,430	2,667,867
Accounts and rent receivable	87,559	36,884
Total financial assets available	8,232,622	9,642,757
Less amounts unavailable for general expenditures within one year, due to:		
Restricted by donors with time or purpose restrictions	-	(338,791)
Subject to appropriation and satisfaction or donor restrictions	(233,821)	(223,395)
Agency endowed funds at the NH Charitable Foundation	(2,689,430)	(2,667,867)
Total amounts unavailable for general expenditure within one year	(2,923,251)	(3,230,053)
Amounts unavailable to management without Board's approval:		
Board designated endowment	(12,495)	(11,747)
Total financial assets available to management for general expenditure within one year	$ 5,296,876	$ 6,400,957

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 years ended June 30, 2023 and 2022, the United Way contributed $133,127 and $115,852, respectively to employees participating in the plan.

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Note 12. Leases

The Organization has adopted Accounting Standards Codification [ASC] 842, Leases. Refer to Note 2 for all policy elections related to leases.

The Organization has the following operating lease arrangements:

During a prior year, the United Way entered into an operating lease agreement for a four-year term commencing on January 1, 2022 through December 31, 2025 for office space in Concord, New Hampshire. The lease required monthly payments of $1,496 through December 31, 2022, increasing 3% in each year thereafter.

During a prior year, the United Way entered into an operating lease agreement for a five-year term commencing July 1, 2021 through June 30, 2026 for office space in Manchester, New Hampshire. The lease required monthly payments of $3,300 through June 30, 2026.

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 office space in Lebanon, New Hampshire. The lease requires monthly payments of $1,708 through August 31, 2023. The rent will increase each year depending on the consumer price index. The lease requires payments for common costs. These costs are included in the variable costs and are expensed when incurred. There is an option to extend the lease for 5 years at the end of the lease term, for which management has determined they are not reasonably certain to exercise.

During a prior year, the United Way entered into an operating lease agreement for a five-year term commencing on April 1, 2022 through March 31, 2027 for office space in Portsmouth, New Hampshire. The lease requires monthly payments of $4,473 through March 31, 2024.

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 office space in Concord, New Hampshire. The lease contained an option to extend the lease for 2 years through August 31, 2023 which was exercised. The lease extension requires monthly payments of $3,869 through the lease term.

The United Way leases multiple copier machines under the terms of operating lease agreements. The monthly lease payments amount to approximately $1,200. The leases expire on various dates through October 26, 2027.

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In Plymouth New Hampshire, the United Way rents space in a building, which they own and occupy to ten non-affiliated, non-profit organizations. Termination of the lease is generally prohibited unless there is a violation under the lease agreement. There are no options to extend. The monthly lease payments range from $75 to $1,995 per month. For the years ended June 30, 2023 and 2022, the rental income amounted to $100,681 and $98,131, respectively.

June 30,		2023
Lease expense		
Operating lease expense	$	195,425
Other Information		
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	$	190,989
ROU assets obtained in exchange for new operating lease liabilities	$	585,640
Weighted-average remaining lease term in years for operating leases		3.32
Weighted-average discount rate for operating leases		4.11%
Rental income from operating lease payments	$	100,681

At June 30, 2023, the future minimum lease payments under non-cancellable leases are as follows:

2024	$	138,797
2025		129,788
2026		121,060
2027		51,240
2028		2,250
Total undiscounted cash flows		443,135
Less: present value discount		(28,369)
Total lease liabilities	$	414,766

Note 13. Contributed Nonfinancial Assets

For the years ended June 30, 2023 and 2022, contributed nonfinancial assets recognized within the statement of activities and changes in net assets included:

June 30,		2023		2022
Day of Caring	$	1,598	$	1,074
Prizes		-		225
Services		14,800		9,000
Office Space		24,000		24,000
Ukraine Relief		-		436,767
Total	$	40,398	$	471,066

The Organization recognized contributed nonfinancial assets within revenue. Unless otherwise noted, contributed nonfinancial assets did not have donor-imposed restrictions.

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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. 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.

Day of Caring contributions and contributed prizes are restricted for certain events. The estimated fair value is based on market rates for the items provided.

Contributed services consist of audit and consulting services provided. The estimated fair value is based on the market value of the services provided.

Contributed office space consists of office space for the 211 New Hampshire program. The estimated fair value is based on rent of similar spaces.

Contributed Ukraine Relief consists of medical and other supplies sent to Ukraine. The estimated fair value is based on the cost of goods if purchased.

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 $119,582 and $96,466 for the years ended June 30, 2023 and 2022, respectively.

Note 15. Subsequent Events

The United Way has evaluated subsequent events through March 7, 2024, the date which the financial statements were available to be issued and have not evaluated subsequent events after that date. There were no subsequent events that would require disclosure in financial statements for the year ended June 30, 2023.

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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, 2023

	Community Impact Awards
Merrimack Valley Day Care Services	$ 37,500
Riverbend Community Mental Health	19,300
Blueberry Express Day Care	16,500
Pittsfield Youth Workshop	16,500
HealthFirst Family Care Center (FQHC)	14,300
Crisis Center of Central New Hampshire	13,750
Concord Coalition to End Homelessness	13,750
The Friendly Kitchen	12,500
The Friends Program, Inc.	12,375
Overcomers Refugee Services	11,400
Second Start	11,000
Family Promise of Greater Concord	10,000
Project S.T.O.R.Y	10,000
CATCH Neighborhood Housing	5,000
NH JAG - New Hampshire Jobs	5,000
New Hampshire Harm Reduction Coalition	5,000
Waypoint NH	4,500
Boys & Girls Clubs of Central	3,750
Media Power Youth	3,000
The Granite YMCA	2,750
The Mayhew Program	2,500
CASA of NH	2,500
Girls, Inc, of New Hampshire	1,875
Circle Program	1,500
	$ 236,250

	Emerging Opportunity Grants
Pear Associates, LLC	$ 3,185
Upreach Therapeutic Riding Center	15,000
	$ 18,185

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTH COUNTRY REGION
Year Ended June 30, 2023

	Community Impact Awards
Grafton County Senior Citizens Council	$ 15,000
The Bridge Project	12,500
Boys & Girls Club of the North Country	10,000
Copper Cannon Camp	7,650
The Bridge Outreach Center	5,000
North Country Pride	5,000
WREN	5,000
New Hampshire Legal Assistance	2,250
Family Resource Center at Gorham	1,500
NH Jag - New Hampshire Jobs for America's Graduates	1,250
CASA of NH	1,000
	$ 66,150

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION
Year Ended June 30, 2023

	Community Impact Awards
Upper Valley Haven	$ 17,500
The Family Place, Inc.	15,000
Visions for Creative Housing Solutions	15,000
Visiting Nurse Association & Hospice	14,420
SEVCA - Southeastern VT Community Action	14,000
HIV/HCV Resource Center	10,773
Upper Valley Snow Sports Foundation	10,000
COVER Home Repair	10,000
Second Wind Foundation	9,250
Finding Our Stride	8,750
Special Needs Support Center	7,500
Children's Center of the Upper Valley	6,348
TLC Family Resource Center	6,250
Willing Hands Enterprises	6,200
WISE	6,000
Valley Court Diversion Programs	5,250
Spark! Community Center	5,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
UPPER VALLEY REGION (CONTINUED)
Year Ended June 30, 2023

	Community Impact Awards (Continued)
Waypoint NH	$ 5,000
West Central Behavioral Health	5,000
Turning Point Recovery Center	5,000
Friends of Veterans	5,000
Aging in Hartland Inc.	5,000
Safe Spaces Inc.	5,000
UVGEAR	4,509
New Hampshire Legal Assistance	4,500
Twin Pines Housing Trust	4,000
Upper Valley Habitat for Humanity	3,750
Grafton County Senior Citizens Council	3,750
The Mayhew Program	2,500
CASA of NH	2,500
Zack's Place Enrichment Center	2,500
Dismas of Vermont	2,500
Safeline, Inc.	2,500
Disability Rights Center - NH	1,750
Reach Out and Read	1,750
Tri-Valley Transit	1,500
Copper Cannon Camp	1,000
	$ 236,250

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
SOUTHERN REGION
Year Ended June 30, 2023

	Community Impact Awards
Boys & Girls Club of Manchester	$ 47,500
Amoskeag Health	25,000
Manchester Police Athletic League	15,000
Manchester Proud	3,333
Media Power Youth	10,000
Girls Inc. of New Hampshire	10,000
The Mental Health Center of Greater Manchester	10,000
Upreach Therapeutic Riding Center	7,500
New Hampshire Legal Assistance	20,000
Manchester Community Music School	4,000
University System of New Hampshire	20,500
New Neighbor Connections	10,000
Victory Women of Vision	7,500
Building Community in New Hampshire	5,000
Safari Youth Club	5,000
Diversity Workforce Coalition	5,000
Manchester Community Action Coalition	2,500
The Upper Room, Family Resource	30,000
YWCA of New Hampshire	22,500
St. Joseph Community Services, Inc.	19,690

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
SOUTHERN REGION
Year Ended June 30, 2023

	Community Impact Awards (Continued)
Rockingham Nutrition and Meals on Wheels Program	$ 19,690
The Granite YMCA - Youth Enrichment Program	18,750
The Granite YMCA	16,500
City Year New Hampshire	15,000
Easterseals NH, Inc.	12,750
Plaistow Community YMCA	12,750
Waypoint NH	12,500
Manchester Community Resource Center	12,500
Families in Transition	10,000
Friends of Aine	10,000
International Institute of New England	7,500
Daniel Webster Council, BSA	5,000
The Mayhew Program	5,000
Community Caregivers of Greater Derry	5,000
CASA of NH	5,000
Disability Rights Center - NH	5,000
Granite State Children's Alliance	5,000
Girls at Work, Inc	5,000
SEE Science Center	3,620
Copper Cannon Camp	2,500
Organization for Refugee & Immigrant Success	2,500
Reach Out and Read	2,500
	$ 474,083

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
NORTHERN REGION
Year Ended June 30, 2023

	Community Impact Awards
Harvest Christian Fellowship	$ 10,000
Tri-County Community Action Program, Inc	3,500
Copper Cannon Camp	3,000
New Hampshire Legal Assistance	2,500
Northern Human Services	2,500
North Conway Community Center	2,000
Believe In Books Literacy Foundation	2,000
Mount Washington Valley Adult Day Center	1,600
Family Resource Center at Gorham	1,500
Spartan Learning Commons	1,500
NH Jag - New Hampshire Jobs for America's Graduates	1,500
Way Station	1,500
White Mountains Pride	500
	$ 33,600

	Emerging Opportunity Grants
Boys and Girls Club of Central New Hampshire	$ 15,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
CENTRAL REGION
Year Ended June 30, 2023

	Community Impact Awards
Mid-State Health Center	$ 15,232
Lakes Region Community Developers	15,232
Boys & Girls Clubs of Central	11,366
Lakes Region Mental Health Center, Inc	8,867
Plymouth Area Recovery Connection	7,367
Kingswood Youth Center	7,367
Lakes Region Community Services	6,367
New Hampshire Legal Assistance	6,367
Grafton County Senior Citizens Council	5,867
Youth Success Project	5,000
The Bearcamp Center for Sustainable Community	5,000
Big Brothers Big Sisters of NH	4,367
CASA of NH	3,867
Granite State Children's Alliance	3,867
New Beginnings Without Violence	3,867
Pemi Youth Center	3,750
Circle Program	3,000
The Mayhew Program	2,500
Disability Rights Center - NH	1,500
	$ 120,750

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
GREATER SEACOAST REGION
Year Ended June 30, 2023

	Community Impact Awards
Dover Coalition for Youth	$ 40,000
Community Action Partnership	30,000
Early Learning New Hampshire	20,000
Greater Seacoast Community Health	20,000
My Friend's Place	15,000
Seacoast Family Promise	15,000
HAVEN Violence Prevention and Support	15,000
Austin17House	15,000
Homeless Center for Strafford County	15,000
New Hampshire Legal Assistance	15,000
Little Blessings Child Care	10,000
Seacoast Community School	10,000
Kingston Children's Center	10,000
The Granite YMCA	10,000
New Generation Inc.	10,000
Cross Roads House - Portsmouth	10,000
SHARE Fund	10,000
Fair Tide	10,000
Waypoint NH	10,000
Gather: For A Hunger Free Community	10,000

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GRANITE UNITED WAY

SUPPLEMENTARY SCHEDULE OF COMMUNITY IMPACT AWARDS TO QUALIFIED PARTNER AGENCIES AND EMERGING OPPORTUNITY GRANTS
GREATER SEACOAST REGION
Year Ended June 30, 2023

	Community Impact Awards (Continued)
The Birchtree Center	$ 10,000
Womenaid of Greater Portsmouth	10,000
Racial Unity Team	10,000
Dover Coalition for Youth	8,600
Seacoast Mental Health Center Inc.	7,500
CASA of NH	5,000
Society of St. Vincent de Paul	5,000
Black Lives Matter Seacoast	5,000
Seacoast Outright	5,000
Reach Out and Read	2,500
	$ 368,600

	Emerging Opportunity Grants
Greater Seacoast Community Health	$ 13,000
The Granite YMCA	33,333
	$ 46,333

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United Way
Granite United Way

LIVE UNITED

Board of Directors 2023-2024

Dr. Chuck Lloyd, *Chair*
White Mountain Community College, President
Charla Stevens, *Immediate Past Chair*
Charla Stevens Consulting LLC, Principal
Joseph Bator, *Vice Chair*
TD Bank, Regional Vice President
Doug DeLara, *Treasurer*
Baker Newman Noyes, Senior Manager
Kathy Bizarro-Thunberg, *Secretary / Audit Chair*
New Hampshire Hospital Association, Executive Vice President
Kyle Barry
NextEra Energy Seabrook Station
Joseph Carelli
Citizens Bank, President for New Hampshire, and Vermont
Mitch Davis
Dartmouth, Vice President & Chief Information Officer
Paul DeBassio,
Retired/ United Way Network
Pat Donahue
New Hampshire Housing Finance Authority, Director of Human Resources
Chris Emond
Boys & Girls Club of Central NH, Executive Director
Doug Foley
Eversource, President
Colby Gamester
Gamester Law Office, Owner & Attorney
John Hughes
McLane Middleton, Director, Trusts & Estates Department
Diana Johnson
Merrimack County Savings Bank, Vice President Marketing Officer
William Keena
AmeriHealth Caritas New Hampshire
Sally Kraft, MD
Dartmouth Hitchcock Medical Center, Vice President of Population Health

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United Way
Granite United Way

LIVE UNITED

Christina Lachance
University of New Hampshire, NH Council for Thriving Children, Director
Larry Major
Pike Industries, Director of Government Relations
Roxanne Makris
Lincoln Financial Group
Carolyn Maloney
Hypertherm
Josephine Moran
Ledyard Financial Group, Inc.
Cathy Nickerson
WT/Phelan Assured Partners, Vice President of Personal Lines
Maura Palmer
Salem School District
Randy Perkins
Eversource, Senior Account Executive (Retired)
Dr. Daisy Pierce
Navigating Recovery of the Lakes Region
Kelli Riggs
Comcast
Betsey Rhynhart
Concord Hospital, Vice President of Population Health
Justin Slattery
Belknap Economic Development Council, Executive Director
Tim Soucy
Catholic Medical Center, Senior Executive Director of Community Health & Mission
Rusty Talbot
North Country Climbing Center, CEO
Nick Toumpas
Department of Health and Human Services, Commissioner (Retired)
Patrick Tufts, MSW
Granite United Way

[redacted]

SHANNON M. SWETT, 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
Chief Services Officer

Accomplishments:

- Leads the Services Department of Granite United Way, overseeing a growing team of over 35 staff members and a portfolio of initiatives, with revenue exceeding $5 million
- Oversees a vast array of services and initiatives for Granite United Way, including 211 NH, Recovery Friendly Workplace, Work United, Regional Early Childhood Networks, Capital Area Public Health Network, Carroll County Coalition for Public Health, South Central Public Health Network, Whole Village Family Resource Center, and Financial Empowerment/VITA/Asset Building, and the Affordable Housing Incentive Program
- Serves on Executive Leadership team with President/CEO, CFO, and Chief Alignment Officer to ensure successful implementation of Strategic Plan, with a commitment to the values and vision established by the Board of Directors
- Engages Board members, community impact committees, funded agencies, and other volunteers to align and leverage Granite United Way investments, funding streams, and strategies with regional and/or statewide efforts addressing public health, substance use disorder, and social determinants of health
- Developed the Recovery Friendly Workplace initiative (now designated a Promising Practice) with Governor Sununu in 2018; Engaged workplaces across NH from an initial 25 early adopters at launch to over 350 workplaces in 2023, representing over 85,000 employees statewide; Engaged multiple states across the country looking to replicate the initiative, with over 30 other states now engaged in a Community of Practice led by Granite United Way staff
- Provides consultation and guidance in strategic planning, coalition/network development, community engagement, grant writing, contract management, evaluation, and public health and prevention strategy development
- Develops and maintains strategic partnerships and relationships with key stakeholders across NH, with a strong personal commitment to advancing health equity and voices from traditionally marginalized communities
- Oversees all aspects of federal, state, and local grants and contracts, including resource development, budget development, subcontract monitoring, and financial oversight

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

- NH Governor's Commission on Alcohol and Other Drugs, Budget Task Force: 2023-Present
- NH Harm Reduction Coalition: Treasurer, 2022-Current
- American Public Health Association: NH Affiliate Representative to the Governing Council 2018-2019
- NH Public Health Association: Board Member 2018-2019
- Prevention Task Force of the Governor's Commission (Co-Chair): 2017-2019
- 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

Stephanie Turek

[redacted]

Competencies

- Strategic and creative professional with a strong history of solving problems and establishing relationships
- Proven consensus builder with success working with large and small groups of diverse stakeholders including: corporate and legislative leaders, board members, physicians, educators, students, staff, volunteers, and individuals
- Energetic team leader skilled at completing projects within budget and established time frames

Professional Experience

Granite United Way, Manchester, NH

ASSISTANT VICE PRESIDENT, COORDINATED SERVICES, 2022

Responsible for the oversight and development of Coordinated Services to enhance and improve the efficiency, outcomes, and coordination of services among multiple diverse internal and external systems. Oversight includes Early Childhood Initiatives, 211NH, Whole Village Family Resource Center, and Justice Initiatives. Focus includes developing processes for data sharing, ensuring consistent high quality program delivery, and improving collaboration among key stakeholders and partners.

Frisbie Memorial Hospital, Rochester, NH

112-bed HCA hospital serving the Greater Seacoast of NH and ME

INTERIM DIRECTOR, CENTER FOR CANCER CARE, 2020-2021

Responsible for planning, implementing, and managing operations of outpatient Oncology/Hematology Services through ownership transition. Worked with healthcare team and administration to analyze needs and implement strategy to improve processes and patient care. Closely monitored staffing, volumes, and expenses. Supervised and coached clinical and nonclinical staff. Coordinated merger of two departments. Developed and documented internal processes.

EXECUTIVE DIRECTOR, FUND DEVELOPMENT, 2017-2020

Worked with organizational leaders to identify priorities and develop and initiate programs to meet strategic goals. Experience included project development and implementation, creation and measurement of project outcomes, team development, reporting, compliance, communication, and budget management. Worked with finance to improve financial controls and procedures. Collaborated with president and leadership on special initiatives and community relations and served as internal resource. Represented hospital leadership to internal and external audiences. Supervised Department of Volunteers and Gift Shop.

Key accomplishments:

- Increased revenue of signature event by 18% in first year
- Facilitated establishment of multi-million dollar fund with proceeds from the sale of the hospital
- Administered comprehensive redeployment of hospital staff during initial COVID 19 response

Crotched Mountain Foundation, Greenfield, NH
Human service agency anchored by a 105-student school and 62-bed hospital and outpatient clinics serving adults and children with disabilities

MANAGER, CORPORATE & FOUNDATION RELATIONS, 2013-2017
Worked with leadership, staff, and participants to establish and support program goals. Identified opportunities for program improvement to increase resource prospects. Experience included project management, measurement of project outcomes, award negotiations, donor engagement, and budget management.

Key accomplishments:

- Met grant income goal of $350,000+ through organizational leadership changes
- Coordinated multidisciplinary teams to develop and revise clinical and educational programs
- Implemented process changes to improve operational efficiencies and transparency

CARE NEW ENGLAND HEALTH SYSTEM *(includes Butler and Kent Hospitals)*
Butler Hospital, Providence, RI
148-bed nonprofit psychiatric hospital and academic research center affiliated with Brown University

SENIOR PHILANTHROPY OFFICER, 2008-2013
Responsible for the research, cultivation, solicitation, and stewardship of individuals, corporations, foundations, and public funds to support mental health care initiatives. Established formal grant seeking process. Initiated outreach to local and federal legislators for policy support and resource opportunities. Assisted with event coordination.

Key accomplishments:

- Created process to seek funding on system-wide level (3 hospitals and one health agency)
- Developed and implemented comprehensive strategy to secure first federal appropriation ($200,000)
- Developed campaign to educate how the capacity of psychiatric hospital was critical to the state's hospital emergency system

Kent Hospital, Warwick RI
359-bed nonprofit community hospital

PHILANTHROPY OFFICER, GRANTS PROGRAM, 2004 - 2008
Responsible for budget development, research, proposal writing, creation of and adherence to submission schedule, negotiation of award, budget and compliance, and all reporting. Coordinated with staff, leadership, and community stakeholders to identify opportunities and develop fundable projects/programs. Initiated relationships with public officials for policy and financial support. Met all established fundraising goals; exceeded FY07 goal of $700,000 by more than 20%.

Education

MASTER OF ARTS Candidate, SOCIAL AND PUBLIC POLICY
Duquesne University, Pittsburgh, PA (coursework complete; thesis not presented)

BACHELOR OF ARTS, POLITICAL SCIENCE
Duquesne University, Pittsburgh, PA

GRADUATE, BUTLER HOSPITAL LEADERSHIP PROGRAM
(10-month intensive program requiring nomination, program acceptance, leadership endorsement, and final project presentation)

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KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services

Contractor Name: Granite United Way

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Shannon Swett	Chief Impact Officer	0.00%	$0.00
Stephanie Turek	Senior VP Impact	0.00%	$0.00
		0.00%	$0.00
		0.00%	$0.00
		0.00%	$0.00
		0.00%	$0.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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,

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 - Capital 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 - Capital 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 - Capital 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 #TI083855

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 - Capital 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 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: E23C77F8-6B5D-4CF9-9B5B-3ACCEA373B36

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	$86,371	$3,365	$125,095	$14,732	$4,685	$83,172
2. Fringe Benefits	$5,587	$5,183	$18,582	$942	$35,027	$4,125	$1,312	$17,668
3. Consultants	$6,240	$885	$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	$825	$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	$1,765	$0	$4,420	$0	$540	$1,200
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	$1,370	$100	$44,112
Total Direct Costs	$45,655	$27,282	$96,893	$9,091	$184,716	$22,727	$13,682	$148,872
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	$163,859
							TOTAL	$803,208

Contractor Initials PT
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	$117,045	$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)	$1,653	$1,738	$3,000	$313	$8,484	$0	$736	$1,620
Other (Occupancy)	$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	$46,581
Total Direct Costs	$45,463	$27,282	$76,009	$9,091	$184,825	$22,726	$13,682	$149,872
Total Indirect Costs	$4,536	$2,718	$7,591	$909	$18,182	$2,273	$1,318	$14,987
Subtotals	$50,000	$30,000	$83,600	$10,000	$203,007	$25,000	$15,000	$164,859
							TOTAL	$581,546

Contractor Initials PT
Date 1/9/2023

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% BOAS)	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	$1,780	$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	$2,265	$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	$18,891	$30,000	$88,233	$7,579	$167,868	$18,326	$5,368	$100,000
Total Direct Costs	$45,656	$30,000	$96,823	$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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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.	177877	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: 8/18/2021

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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92057502	$15,000
2023	074-500589	Grants for Pub Assi and Relief	92057502	$132,660
			Sub Total 2023	$147,660
2024	074-500589	Grants for Pub Assi and Relief	92057502	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90023013	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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 6/7/2022		1.12 Name and Title of Contractor Signatory Patrick Tufts President	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 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 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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

Contractor Initials PT

Date 6/7/2022

DocuSign Envelope ID: 49F3D2FB-261D-4B36-B064-178E04F164C0

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 ACM

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.

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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	$68,130	$3,365	$125,095	$14,732	$4,685	$8,953
2. Fringe Benefits	$5,567	$5,183	$18,518	$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	$8,000	$500	$750	$572
7. Software	$200	$200	$200	$0	$1,200	$0	$0	$100
8. (a) Other - Marketing/Communications	$500	$250	$250	$100	$874	$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 (Occupancy)	$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	$13,848
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

DS PT
Contractor Initials
6/7/2022
Date

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	$19,680	$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	$45,855	$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	$17,004	$27,179	$5,700	$117,048	$14,732	$7,452	$9,091
2. Fringe Benefits	$7,610	$5,013	$7,610	$1,596	$32,773	$4,899	$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	$368
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	$2,265	$313	$6,484	$0	$736	$833
Other (Occupancy)	$1,142	$826	$1,295	$275	$5,810	$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	$45,463	$27,282	$41,760	$9,091	$184,925	$22,728	$13,682	$13,995
Total Indirect Costs	$4,536	$2,718	$4,165	$909	$18,182	$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

DS 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 *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	$17,804	$27,179	$5,700	$117,046	$7,452
2. Fringe Benefits	$7,610	$5,013	$7,610	$1,596	$32,773	$2,086
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 05
Date 6/7/2022

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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 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	$8,803
2. Fringe Benefits	$704	$0	$1,184	$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	$500	$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	$500	$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)	$1,220	$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	$18,891	$0	$79,442	$7,579	$167,068	$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

DS PT

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

DS
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

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

6/7/2022
Date

DocuSigned by:
Patrick Tufts
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.

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.

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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.

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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	Name of the Contractor
Patricia M. Tilley	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

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

Contractor Initials PT
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: 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.).

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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 #2

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,629,616

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 Professional liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.4 Policy must provide coverage for 24 months.

1.2.11.2.5 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.6 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.7 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.8 MRC STTRONG funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to add Section 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because

professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

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

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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 6% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

11. Modify Exhibit C-2, Budget Sheet, by replacing it in its entirety with Exhibit C-2, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

12. Add Exhibit C-3, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-4, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

3/20/2024
Date

DocuSigned by:
Iain Watt
Name: Iain Watt
Title: Interim Director - DPHS

Greater Seacoast Community Health

3/15/2024
Date

DocuSigned by:
Jim Avrett
Name: Jim Avrett
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/23/2024
Date

DocuSigned by:
Robyn Guarino
74872484404148D...
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:

Exhibit C-2 Budget, Amendment #2

New Hampshire Department of Health and Human Services
Contractor Name: *Greater Seacoast Community Health*
Budget Request for: *Regional Public Health Networks*
Budget Period: *G&C Approval through June 30, 2024*
Indirect Cost Rate (if applicable) 0.00%

Line Item	COVID Response	Public Health Advisory Council (84% PH 88% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$15,000	$18,720	$66,241	$5,000	$114,240	$7,730
2. Fringe Benefits	$4,000	$5,618	$14,671	$1,100	$28,560	$1,701
3. Consultants	$2,000	$250	$250	$1	$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.	$1	$1	$10,000	$1	$5,000	$1
5.(a) Supplies - Educational	$100	$0	$500	$100	$2,000	$0
5.(b) Supplies - Lab	$100	$0	$1	$0	$1	$0
5.(c) Supplies - Pharmacy	$100	$0	$1	$0	$1	$0
5.(d) Supplies - Medical	$10,000	$0	$1,071	$0	$1	$1,568
6. Travel	$1,500	$500	$1,500	$150	$5,000	$551
7. Software	$1	$250	$150	$100	$500	$0
8. (a) Other - Marketing/Communications	$1,000	$1,000	$1,756	$773	$10,000	$2,249
8. (b) Other - Education and Training	$100	$500	$3,000	$700	$10,000	$100
8. (c) Other - Other (Office Supplies)	$999	$411	$1,000	$500	$3,284	$1,099
Other (MRC Maintanence)	$0	$0	$0	$1,500	$0	$0
Other (Inventory Project)	$0	$0	$0	$4,100	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0
Other (Occupancy)	$0	$2,750	$0	$0	$12,000	$0
Other (Food for Meeting and Trainings)	$0	$0	$0	$0	$5,000	$0
9. Subrecipient Contracts	$15,099	$0	$6,500	$1,575	$0	$1
Total Direct Costs	$50,000	$30,000	$106,641	$15,600	$203,087	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$106,641	$15,600	$203,087	$15,000
TOTAL						$420,328

DS
Contractor Initial
Date: 3/15/2024

Exhibit C-3 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: Greater Seacoast Community Health
Budget Request for: Regional Public Health Networks
Budget Period: July 1, 2024 - June 30, 2025
Indirect Cost Rate (If applicable) 0.00%

Line Item	Public Health Advisory Council (80% PH 20% SOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics	Health Disparities Community Health Worker
1. Salary & Wages	$18,200	$80,575	$7,000	$95,840	$8,137	$44,264
2. Fringe Benefits	$4,004	$17,713	$1,540	$21,041	$1,790	$9,738
3. Consultants	$750	$500	$100	$500	$0	$250
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$1	$1,500	$1	$500	$1	$1
5.(a) Supplies - Educational	$1	$500	$100	$500	$0	$250
5.(b) Supplies - Lab	$0	$1	$0	$1	$0	$1
5.(c) Supplies - Pharmacy	$0	$1	$0	$1	$0	$1
5.(d) Supplies - Medical	$0	$150	$1	$1	$1,200	$1
6. Travel	$700	$1,200	$250	$3,500	$551	$850
7. Software	$400	$250	$250	$500	$0	$250
8. (a) Other - Marketing/Communications	$3,042	$1,500	$508	$3,750	$3,000	$2,493
8. (b) Other - Education and Training	$1,500	$1,500	$150	$4,976	$50	$1,500
8. (c) Other - Other (Office Supplies)	$400	$250	$100	$500	$250	$100
Other (MRC Maintenance)	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0
Other (Occupancy)	$1	$0	$0	$0	$0	$0
Other (Postage)	$1	$1	$1	$250	$50	$50
Other (Food for Meetings and Trainings)	$1,000	$0	$0	$1,000	$0	$250
9. Subrecipient Contracts	$0	$1,000	$1	$0	$1	$1
Total Direct Costs	$30,000	$106,841	$10,000	$132,660	$15,000	$60,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0
Subtotals	$30,000	$106,841	$10,000	$132,660	$15,000	$60,000
					Total	$354,301

DS
Contractor Initial
Date: 3/15/2024

Exhibit C-4 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Greater Seacoast Community Health*
Budget Request for: *Regional Public Health Networks*
Budget Period: *July 1, 2025 - June 30, 2026*
Indirect Cost Rate (if applicable) 0.00%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse
1. Salary & Wages	$18,200	$80,575	$7,000	$95,840
2. Fringe Benefits	$4,004	$17,713	$1,540	$21,041
3. Consultants	$750	$500	$100	$500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$1	$1,500	$1	$500
5.(a) Supplies - Educational	$1	$500	$100	$500
5.(b) Supplies - Lab	$0	$1	$0	$1
5.(c) Supplies - Pharmacy	$0	$1	$0	$1
5.(d) Supplies - Medical	$0	$150	$1	$1
6. Travel	$700	$1,200	$250	$3,500
7. Software	$400	$250	$250	$500
8. (a) Other - Marketing/Communications	$3,042	$1,500	$508	$3,750
8. (b) Other - Education and Training	$1,500	$1,500	$150	$4,978
8. (c) Other - Other (Office Supplies)	$400	$250	$100	$500
Other (MRC Maintanence)	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0
Other (please specify)	$1	$0	$0	$0
Other (please specify)	$1	$1	$1	$250
9. Subrecipient Contracts	$1,000	$1,000	$1	$1,000
Total Direct Costs	$30,000	$106,641	$10,000	$132,660
Total Indirect Costs	$0	$0	$0	$0
Subtotals	$0	$0	$0	$0
			Total	$276,301

Contractor Initial: DS
Date: 3/15/2024

DocuSign Envelope ID: 017055B8-A5EF-4809-BCF8-29FBD7CDBCAC

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 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: **0006199590**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 7th day of April A.D. 2023.

David M. Scanlan

Secretary of State

DocuSign Envelope ID: 017055B8-A5EF-4809-BCF8-29FBD7CDBCAC

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 January 22, 2024 at which a quorum of the Directors/shareholders were present and voting.

   VOTED: that Jim Avrett

   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: 3/4/2024

DocuSigned by:

C358C10198084CE...

Jennifer Glidden
Chair

DocuSign Envelope ID: 017055B8-A5EF-4809-BCF8-29FBD7CDBCAC

GOODCOM-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/20/2024

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 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 : Tri-State Insurance Company of Minnesota — 31003 INSURER B : A.I.M. Mutual Insurance Companies — 33758 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						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			ADV5564228-10	10/10/2023	10/10/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			ADV5564228-10	10/10/2023	10/10/2024	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			ADV5564228-10	10/10/2023	10/10/2024	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WMZ-800-8008412-2024A	1/1/2024	1/1/2025	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
C	Medical Professional			L3V-A671986-09	1/1/2024	1/1/2025	Each Incident	1,000,000
C	Medical Professional			L3V-A671986-09	1/1/2024	1/1/2025	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

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

Marilyn 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

FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

December 31, 2022 and 2021

With Independent Auditor's Report

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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, 2022 and 2021, 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, 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 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.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2022, the Organization adopted the provisions of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*. Our opinion is not modified with respect to that matter.

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.

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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.

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 22, 2023 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 22, 2023

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2022 and 2021

ASSETS

	2022	2021
Current assets		
Cash and cash equivalents	$ 7,625,600	$ 9,428,603
Patient accounts receivable	863,791	946,289
Grant and other receivables	1,119,148	826,005
Pledges receivable	239,644	379,166
Inventory	90,506	84,243
Other current assets	125,808	80,195
Total current assets	10,064,497	11,744,501
Investments	2,015,773	2,248,099
Assets limited as to use	1,226,379	1,513,872
Property and equipment, net	7,616,848	6,763,858
Operating lease right-of-use assets	147,812	-
Finance lease right-of-use asset	4,488,743	-
Total assets	$ 25,560,052	$ 22,270,330

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 499,242	$ 499,922
Accrued payroll and related expenses	978,636	1,123,883
Patient deposits	174,576	171,291
Deferred revenue	123,901	219,339
Current portion of long-term debt	28,560	27,925
Current portion of operating lease liabilities	77,672	-
Current portion of finance lease liability	332,620	-
Total current liabilities	2,215,207	2,042,360
Long-term debt, less current portion	205,351	233,911
Operating lease liabilities, less current portion	71,151	-
Finance lease liability, less current portion	4,229,137	-
Total liabilities	6,720,846	2,276,271
Net assets		
Without donor restrictions	17,000,149	16,051,868
With donor restrictions	1,839,057	3,942,191
Total net assets	18,839,206	19,994,059
Total liabilities and net assets	$ 25,560,052	$ 22,270,330

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, 2022 and 2021

	2022	2021
Operating revenue and support		
Net patient service revenue	$ 11,951,067	$ 12,147,244
Grants, contracts, and contributions	8,817,627	9,502,562
Provider Relief Fund	-	221,102
Paycheck Protection Program	-	1,479,000
Other operating revenue	570,271	476,334
Net assets released from restriction for operations	253,415	193,959
Total operating revenue and support	21,592,380	24,020,201
Operating expenses		
Salaries and wages	13,700,751	13,671,440
Employee benefits	2,693,634	2,524,515
Contracted services	1,055,318	1,075,563
Program supplies	1,793,207	1,980,697
Information technology	656,842	641,007
Occupancy	973,134	820,794
Other	1,496,242	1,326,186
Depreciation and amortization	699,958	307,683
Interest expense	91,352	6,225
Total operating expenses	23,160,438	22,354,110
Operating (loss) income	(1,568,058)	1,666,091
Other revenue (loss)		
Investment income	63,583	92,870
Change in fair value of investments	(326,453)	134,629
Total other revenue (loss)	(262,870)	227,499
(Deficiency) excess of revenue over expenses	(1,830,928)	1,893,590
Grants received for capital acquisition	949,352	167,837
Net assets released from restriction for capital acquisition	1,829,857	-
Increase in net assets without donor restrictions	$ 948,281	$ 2,061,427

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, 2022 and 2021

	2022	2021
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (1,830,928)	$ 1,893,590
Grants received for capital acquisition	949,352	167,837
Net assets released from restriction for capital acquisition	1,829,857	-
Increase in net assets without donor restrictions	948,281	2,061,427
Net assets with donor restrictions		
Contributions	208,519	1,127,393
Investment income	32,911	44,850
Change in fair value of investments	(261,292)	153,252
Net assets released from restriction for operations	(253,415)	(193,959)
Net assets released from restriction for capital acquisition	(1,829,857)	-
(Decrease) increase in net assets with donor restrictions	(2,103,134)	1,131,536
Change in net assets	(1,154,853)	3,192,963
Net assets, beginning of year	19,994,059	16,801,096
Net assets, end of year	$ 18,839,206	$ 19,994,059

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, 2022 and 2021

	2022	2021
Cash flows from operating activities		
Change in net assets	$ (1,154,853)	$ 3,192,963
Adjustments to reconcile change in net assets to net cash (used) provided by operating activities		
Depreciation and amortization	699,958	307,683
Amortization of operating lease right-of-use assets	137,455	-
Change in fair value of investments	587,745	(287,881)
Grants and contributions for long-term purposes	(949,352)	(1,859,630)
Decrease (increase) in		
Patient accounts receivable	82,498	(47,775)
Grant and other receivables	(293,143)	323,766
Pledges receivable	(22,978)	700
Inventory	(6,263)	50,354
Other current assets	(45,613)	76,319
Increase (decrease) in		
Accounts payable and accrued expenses	(93,179)	216,820
Accrued payroll and related expenses	(145,247)	168,426
Patient deposits	3,285	18,365
Deferred revenue	(95,438)	102,889
Provider Relief Funds refundable advance	-	(221,102)
Paycheck Protection Program refundable advance	-	(1,479,000)
Operating lease liabilities	(136,444)	-
Net cash (used) provided by operating activities	(1,431,569)	562,897
Cash flows from investing activities		
Capital acquisitions	(1,168,282)	(1,133,501)
Proceeds from sale of investments	-	78,398
Purchase of investments	(67,926)	(194,159)
Net cash used by investing activities	(1,236,208)	(1,249,262)
Cash flows from financing activities		
Grants and contributions received for long-term purposes	1,111,852	1,904,201
Payments on long-term debt	(27,925)	(27,304)
Payments on finance lease liability	(219,153)	-
Net cash provided by financing activities	864,774	1,876,897
Net (decrease) increase in cash and cash equivalents	(1,803,003)	1,190,532
Cash and cash equivalents, beginning of year	9,428,603	8,238,071
Cash and cash equivalents, end of year	$ 7,625,600	$ 9,428,603
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 91,352	$ 6,225
Right of use asset obtained in exchange for finance lease liability	4,780,910	-
Property and equipment included in accounts payable	92,499	-

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 and Goodwin Community Health, 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.

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 Organization identified qualifying expenditures of during the year ended December 31, 2021 and recognized the PRF as revenue.

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 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. The Paycheck Protection Program Loan can be audited by the Small Business Association for up to six years from the date of forgiveness. 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 majority of the Organization's performance obligations are satisfied at a point in time.

The Organization measures the performance obligations as follows:

- Medical, behavioral health, dental and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day are considered to be part of the performance obligation and are not deemed to be separate performance obligations.
- Contract 340B pharmacy program services are measured when the prescription is dispensed to the patient as reported by the pharmacy administrator.
- In-house pharmacy services are measured when the prescription is dispensed to the patient at one of the Organization's in-house pharmacy.

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 10.

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 $688,027 and $1,066,556 for the years ended December 31, 2022 and 2021, 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 operates an in-house pharmacy and contracts with other 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. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. 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 and consisted of the following:

	January 1, 2021	December 31, 2021	**December 31, 2022**
Patient accounts receivable	$ 541,407	$ 673,736	**$ 757,642**
In-house pharmacy receivables	193,804	76,347	**61,671**
Contract 340B pharmacy receivables	163,303	196,206	**44,478**
Total patient accounts receivable	$ 898,514	$ 946,289	**$ 863,791**

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:

	2022	2021
Governmental plans		
Medicare	**15 %**	8 %
Medicaid	**34 %**	34 %
Commercial payers	**35 %**	36 %
Patient	**16 %**	22 %
Total	**100 %**	100 %

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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 the U.S. Department of Health and Human Services (HHS). For the years ended December 31, 2022 and 2021, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 73% and 67%, 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, 2022 because qualifying expenditures have not yet been incurred as follows:

	Amount	Available Through
Health Center Program	$ 1,325,295	April 30, 2023
Integrated Behavioral Health Services	22,363	April 30, 2023
FY 2023 Expanding COVID-19 Vaccination Awards	178,672	December 31, 2023
American Rescue Plan Act Funding for Health Centers	1,694,270	March 31, 2024
Total HHS grant funds available	$ 3,220,600	

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 9.

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.

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Investment income and the change in fair value are included in the (deficiency) excess 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.

Right-of-Use Assets and Lease Liabilities

Effective January 1, 2022, the Organization adopted Financial Accounting Standards Board Accounting Standards Codification (ASC) Topic 842, *Leases* (Topic 842). The Organization determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be or contain a lease if the contract conveys the right to control the use of identified property, plant, or equipment (an identified asset) in exchange for consideration. The Organization determines these assets are leased because the Organization has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. Assets in which the supplier or lessor has the practical ability and right to substitute alternative assets for the identified asset and would benefit economically from the exercise of its right to substitute the asset are not considered to be or contain a lease because the Organization determines it does not have the right to control and direct the use of the identified asset. The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

In evaluating its contracts, the Organization separately identifies lease and non-lease components, such as maintenance costs, in calculating the right-of-use (ROU) assets and lease liabilities for its facility and equipment leases. The Organization has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease component is greater than the consideration allocated to the non-lease agreement.

Leases result in the recognition of ROU assets and lease liabilities on the balance sheet. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Organization determines lease classification as operating or finance at the lease commencement date.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. Topic 842 requires the use of the implicit rate in the lease when readily determinable. As the leases do not provide an implicit rate, the Organization elected the practical expedient to use the risk-free rate when the rate of the lease is not implicit in the lease agreement.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense for operating and finance leases is recognized on a straight-line basis over the lease term.

The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheet. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Upon adoption of Topic 842, the Organization elected the package of practical expedients permitted under the transition guidance within the new standard which includes the following: relief from determination of lease contracts included in existing or expiring leases at the point of adoption, relief from having to reevaluate the classification of leases in effect at the point of adoption, and relief from reevaluation of existing leases that have initial direct costs associated with the execution of the lease contract.

The adoption of Topic 842 resulted in the recognition of the following assets and liabilities on January 1, 2022:

Operating lease right-of-use assets	$ 283,253
Current portion of operating lease liabilities	$ 137,455
Operating lease liabilities, less current portion	145,798
Operating lease liabilities	$ 283,253

Results for the period prior to January 1, 2022 continue to be reported in accordance with the Organization's historical accounting treatment for leases.

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.

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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. Pledges receivable are due in 2023.

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.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations reflect the (deficiency) excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the (deficiency) excess of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net assets released from restriction for capital acquisition.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through May 22, 2023, 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:

	2022	2021
Cash and cash equivalents	$ 7,625,600	$ 9,428,603
Investments	2,015,773	2,248,099
Patient accounts receivable	863,791	946,289
Grant and other receivables	1,119,148	826,005
Less donor restricted assets	(235,858)	(451,518)
Financial assets available for current use	$11,388,454	$12,997,478

3. Pledges Receivable

Pledges receivable consisted of the following at December 31:

	2022	2021
Capital projects that are in service	$ 215,666	$ -
Donor restricted		
Capital projects	-	375,666
Program services	23,978	3,500
Total donor restricted	23,978	379,166
Total	$ 239,644	$ 379,166

4. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following at December 31:

	2022	2021
Long-term investments	$ 2,015,773	$ 2,248,099
Assets limited as to use	1,226,379	1,513,872
Total investments	$ 3,242,152	$ 3,761,971

Assets limited as to use are restricted for the following purposes at December 31:

	2022	2021
Assets held in trust under Section 457(b) deferred compensation plans	$ 59,631	$ 57,391
Assets with donor restrictions	1,166,748	1,456,481
Total	$ 1,226,379	$ 1,513,872

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 at December 31:

	2022			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	**$ 45,255**	**$ -**	**$ -**	**$ 45,255**
Municipal bonds	**-**	**139,194**	**-**	**139,194**
Exchange traded funds	**1,360,349**	**-**	**-**	**1,360,349**
Mutual funds	**1,697,354**	**-**	**-**	**1,697,354**
Total investments	**$ 3,102,958**	**$ 139,194**	**$ -**	**$ 3,242,152**

	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

Municipal bonds are valued based on quoted market prices of similar assets.

5. Property and Equipment

Property and equipment consisted of the following:

	2022	2021
Land	$ 718,427	$ 718,427
Building and improvements	6,499,881	5,949,854
Leasehold improvements	1,589,382	179,963
Furniture, fixtures, and equipment	2,954,785	2,864,516
Total cost	11,762,475	9,712,760
Less accumulated depreciation	4,155,627	4,100,983
	7,606,848	5,611,777
Projects in progress	10,000	1,152,081
Property and equipment, net	$ 7,616,848	$ 6,763,858

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.

Depreciation expense amounts to $407,791 and $307,683 for the years ended December 31, 2022 and 2021, respectively.

6. Long-Term Debt

Long-term debt consists of the following at December 31:

	2022	2021
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.	$ 233,911	$ 261,836
Less current portion	28,560	27,925
Long-term debt, less current portion	$ 205,351	$ 233,911

Maturities of long-term debt for the next five years are as follows at December 31:

2023	$ 28,560
2024	29,209
2025	29,873
2026	30,552
2027	31,247
Thereafter	84,470
Total	$ 233,911

7. Leases

The Organization has entered the following lease arrangements:

Finance Lease

During 2022, the Organization entered into a facility lease through 2037. The lease contains an annual escalating clause of 3 percent beginning in 2027. Termination of the lease generally is prohibited unless there is a violation under the lease agreement.

Operating Leases

The Organization has four facility leases that expire from 2024 through 2025. These leases generally contain renewal options and annual escalating clauses of 3 percent. Termination of the leases is generally prohibited unless there is a violation under the lease agreements.

Lease Cost

Lease cost for the year ended December 31, 2022 is as follows:

Finance lease	
Amortization of right-of-use asset	$ 292,167
Interest on lease liability	85,748
Operating leases	137,455
Short-term lease expense	56,228
Total	$ 571,598

Other Information

Weighted-average remaining lease term:	
Finance lease	14 years
Operating leases	2 years
Weighted-average discount rate:	
Finance lease	2.01%
Operating leases	1.04%

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Future Minimum Lease Payments and Reconciliation to the Balance Sheet

Future minimum payments due under the facility and equipment lease agreements for the years ending December 31, are as follows:

	Finance Lease	Operating Leases
2023	$ 332,620	$ 77,672
2024	332,620	58,984
2025	332,620	13,696
2026	332,620	-
2027	341,767	-
Thereafter	3,602,655	-
Total future undiscounted lease payments	5,274,902	150,352
Less present value discount	713,145	1,529
Total lease liabilities	4,561,757	148,823
Current portion of lease liabilities	332,620	77,672
Lease liabilities, net of current portion	$ 4,229,137	$ 71,151

8. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

	2022	2021
Specific purpose (temporary in nature)		
Program services	$ 235,858	$ 451,518
Construction of new facility	412,473	1,655,026
Pledges receivable for construction of new facility	-	375,666
Passage of time (temporary in nature)		
Pledges receivable	23,978	3,500
Earnings from endowment investments	297,070	586,803
Held in perpetuity (permanent in nature)		
Endowment	869,678	869,678
Total	$ 1,839,057	$ 3,942,191

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Net assets released from net assets with donor restrictions were as follows at December 31:

	2022	2021
Satisfaction of purpose - program services	$ 144,063	$ 39,143
Satisfaction of purpose - purchase of capital assets	1,829,857	-
Passage of time - pledges receivable	48,000	96,950
Passage of time - endowment earnings	61,352	57,866
Total	$ 2,083,272	$ 193,959

9. Endowment

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, 2022 and 2021.

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:

	2022	2021
Endowments, beginning of year	$ 1,456,481	$ 1,316,245
Investment income	32,911	44,850
Change in fair value of investments	(261,292)	153,252
Spending policy appropriations	(61,352)	(57,866)
Endowments, end of year	$ 1,166,748	$ 1,456,481

10. Net Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	2022		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 775,698	$ -	$ 775,698
Medicaid	5,287,937	329,783	5,617,720
Commercial payers	2,947,918	872,636	3,820,554
Patient	217,213	149,542	366,755
Net direct patient service revenue	9,228,766	1,351,961	10,580,727
340B contract pharmacy revenue	-	1,370,340	1,370,340
Net patient service revenue	$ 9,228,766	$ 2,722,301	$ 11,951,067

	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

11. Functional Expenses

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:

	2022			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
Salaries and wages	$ 11,752,215	$ 1,476,954	$ 471,582	$ 13,700,751
Employee benefits	2,290,698	313,166	89,770	2,693,634
Contracted services	833,825	204,594	16,899	1,055,318
Program supplies	1,793,207	-	-	1,793,207
Information technology	558,586	76,366	21,890	656,842
Occupancy	827,565	113,138	32,431	973,134
Other	1,272,422	173,955	49,865	1,496,242
Depreciation and amortization	595,253	81,378	23,327	699,958
Interest expense	77,687	10,621	3,044	91,352
Total	$ 20,001,458	$ 2,450,172	$ 708,808	$ 23,160,438

	2021			
	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
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
Contract 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 and amortization	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

12. 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, 2022 and 2021, the Organization contributed $260,713 and $222,748, 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, 2022. The balance of the deferred compensation plan amounted to $59,631 and $57,391 at December 31, 2022 and 2021, respectively.

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13. 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, 2022, 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.

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 $1,310,202 and $1,323,285 for the years ended December 31, 2022 and 2021, 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, 2022

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		$ 990,119
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,218,108
Total AL 93.224			2,208,227
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,016,159
Total Health Center Program Cluster			5,224,386
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		636,073
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	074-500589/90077028	34,042
Public Health Emergency Preparedness	93.069	102-500731/90077410	27,942
Total AL 93.069			61,984
Immunization Cooperative Agreements	93.268	102-500731/90023205	408
Immunization Cooperative Agreements	93.268	102-500731/90023800	28,910
Immunization Cooperative Agreements	93.268	102-500731/90023010	9,119
Total AL 93.268			38,437
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731/90577140	26,672
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731/90577150	13,491
Bi-State Primary Care Association, Inc.			
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	n/a	30,804
Total AL 93.391			70,967
State of New Hampshire Department of Health and Human Services			
Promoting Safe and Stable Families	93.556	102-500734/42107306	16,351
Temporary Assistance for Needy Families	93.558	502-500891/45030206	135,002
Stephanie Tubbs Jones Child Welfare Services Program	93.645	102-500734/42106802	3,323
Social Services Block Grant	93.667	102-500734/42106603	56,354
National Bioterrorism Hospital Preparedness Program	93.889	074-500589/90077700	8,643

The accompanying notes are an integral part of this schedule.

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended December 31, 2022

Federal Grant/Pass-Through Grantor/Program Title	Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations	93.898	102-500731/90080081	11,874
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057502	45,339
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92057504	14,554
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589/92057506	56,003
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/92058506	20,030
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500585/90001022	13,522
Block Grants for Prevention and Treatment of Substance Abuse	93.959	010-092-33800000-500589/92057502	6,009
Total AL 93.959			155,457
Preventive Health and Health Services Block Grant	93.991	074-500585/92057502	13,940
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080112	54,154
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90004009	6,307
Total AL 93.994			60,461
Total U.S. Department of Health and Human Services			6,493,252
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	435,534
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	5,250
U.S. Department of Treasury:			
Pass-Through			
Bi-State Primary Care Association, Inc.			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	n/a	42,682
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	103-502507/95010690	52,226
Total, All Programs			$ 7,028,944

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, 2022

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, 2022, 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 22, 2023.

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 22, 2023

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BerryDunn

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, 2022. 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, 2022.

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.

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.

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Board of Directors
Greater Seacoast Community Health

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 22, 2023

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GREATER SEACOAST COMMUNITY HEALTH

Schedule of Findings and Questioned Costs

Year Ended December 31, 2022

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

Section 3. Federal Award Findings and Questioned Costs

None

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GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors
Calendar Year 2024

Name/Address	Phone/Email	Occupation
Chair Jennifer Glidden		USDA Program Specialist **Consumer**
Vice Chair Dennis Veilleux		Accounting Manager Relyco
Board Treasurer Jim Sepanski		Retired Financial Executive
Board Secretary Christine Perkins		CPA Wipfli
Laura Belsky		Retired Nurse **Special Population** **Consumer**
Andrea Borowiecki		Rockland Trust **Consumer**
Jody Hoffer Gittell		Professor **Consumer**
Tim McNamara		Retired Healthcare Executive
Allison Mulligan		Consultant **Consumer**
Kathy Scheu		Retired Medical/Laboratory Product Sales
Jeffrey Segil, MD		Physician-OB/GYN WDH
Marrielle Van Rossum		Attorney Devine, Millimet & Branch

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Lara D. Willard

▼ 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.

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▼ 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.

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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.

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- 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.

References

Available upon request

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JAMES A. AVRETT
[redacted]

OPERATIONS MANAGEMENT & PERFORMANCE IMPROVEMENT EXECUTIVE

I build and lead cross-functional, cross-organizational teams containing executives, physicians, staff, boards, business partners, community members and other stakeholders to improve the quality of products and services, lower costs, increase revenue, improve customer service levels, and ensure organizational sustainability and growth. I design, lead and implement initiatives to drive organizational transformation and change, operations and process / performance improvement, integration, and program enhancement / new design. I have broad experience in business development and strategy development.

STRENGTHS

Operations Management, Improvement & Redesign	Business Development	Customer Service Improvement
Business Model Design & Partner Integration	Strategic Planning	Service, Site, Provider Integration
Cost Savings & Revenue Enhancement	Quality & Reliability Improvement	Relationship Management
Optimized Staff and Service Scheduling	Budget Design / Management	Resource Utilization Management

PROFESSIONAL HISTORY
(Accomplishments)

Edgewood (a CCRC in MA and NH), North Andover, Massachusetts **2020 - Present**
Director

- Administrator of Resident Services. Responsibilities include:

  - Lead and manage the internal home health agency.
  - Oversee the Geriatric Care Management Nursing program.
  - Manage the outsourced on-site clinic – includes primary care (MD and PAs), podiatry, optometry, dental services.
  - Oversee social work services.
  - Developing plans for new home health and hospice agencies in Massachusetts and New Hampshire.
  - Redesigning the internal home health agency, saving cost, and increasing profitability.

Huron Consulting Group, Chicago, IL (Based out of Dover, NH) **2019 - 2020**
Healthcare Director

- Led multi-site, multi-function integrated projects. Focus areas included operations management and improvement, workforce management, care optimization, supply chain and portfolio optimization. Coached / Mentored staff. Methodology development.

  - Led a team conducting a care optimization engagement at hospitals that were part of an academic medical center system including their clinics, ambulatory, and acute sites.
  - Led a team charged with improving workforce management and clinical operations for a community-based hospital that is part of a larger regional system. Implementing targeted savings of $4,300,000 - $5,700,000.

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*future*HEALTH, Dover, NH **2017 – 2019**
Principal / Owner

- Assist clients with: Operational improvement and process enhancement / redesign, service line portfolio analysis / optimization, customer service / experience improvement, staffing matrixes, quality improvement, integration and throughput optimization, decreasing process and outcome variance, strategic growth, leveraging technology to improve business processes.

- Retained long-term by a major international package transportation company to optimize operations including regional handling and distribution centers' intake, delivery and processing of packages and sales contract design / enhancement.

Management Consulting Group PLC, London, UK **2014 – 2016**

Proudfoot, Atlanta, Georgia (Based out of Dover, NH) (2016)
Vice President, Life Sciences and Healthcare Operations – North America

- Managed a wide range of engagement types for the firm. Ensured engagement delivery quality.
- Supervised, coached and mentored the engagement managers charged with delivering services to clients.
- Client relationship management throughout the delivery cycle for multiple, simultaneous engagements.

- At a major international oil company streamlined processes and reduced costs. Worked with traders to improve algorithms and strategies for designing hedge positions. Produced savings between $7 - $12 million annually.
- Evaluated consolidating operations at two plants for a manufacturer – one US-based, one international. Streamlined the operations at the US-based site which resulted in a $1.2 - $3.6 million annual savings.
- Performed operational analysis of the coke production facility that serves the largest blast furnace in North America. Designed an oven repair and replacement plan that would not interrupt customer service and revenue. Redesigned staffing patterns, equipment and supplies purchasing and inventory management systems. Total value: $19 – 26 million.

Kurt Salmon, Atlanta, Georgia (Based out of Dover, NH) (2014 – 2015)
Partner

- Sold and delivered strategy, operations, supply chain, IT, and facilities and capital asset planning engagements.
- Managed client relationships through the sales and delivery cycle. Monitored and guaranteed engagement delivery quality.
- Supervised, coached and mentored the engagement managers and staff.

- Led a team that worked with a national urgent care center organization to reduce overall throughput time through process improvements, development of new staffing matrixes by skill, time-of-day and day-of-week, staff and physician workload balancing. Created a proactive physician and appointment scheduling system. Lowered door to discharge time by 26%. Increased capacity for client appointments by 15%.
- Worked with a health system to conduct a market assessment then refine and validate their strategy to move ambulatory services into a new market area. Developed materials for Board of Directors education and strategy session.
- Co-led effort to build the firm's Operations and Performance Improvement practice. Developed methodologies and external and internal facing marketing pieces.

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Galloway Consulting / iVantage Health Analytics, Atlanta, Georgia (Based out of Dover, NH) **2011 – 2014**
Senior Director - Engagements Lead

- Led high profile, strategic consulting engagements for large, complex healthsystems including all their services / facilities across the care continuum. Employed a collaborative team approach to rapidly (4–5 weeks) develop solutions.

  - Worked with a regional hospital of a national healthsystem to recover from an eight-digit budget variance within the fiscal year by reducing labor and supply cost, enhancing revenue, improving quality, portfolio optimization, patient experience, clinics operations improvement. Developed plans and implemented a $17.1 million margin improvement.
  - Led a team that worked with a multi-state healthsystem to improve their bottom line through staff scheduling / mix, operational and clinical process improvement as well as revenue enhancement and growth. Total impact more than $70,000,000.
  - Led a multi-site, multi-state engagement with a national healthsystem to design multi-year plans to take the sites through an organizational transformation to rebase their cost structure so they would succeed in an all Medicare-level type of reimbursement environment. Bottom line impact $8,000,000 to $50,000,000 per site and more than $100,000,000 system wide.

VHA, Incorporated, Dallas, Texas (Based out of Portland, ME and Boston, MA) **2001 – 2011**

***Regional Vice President** (6 state region: ME, NH, VT, MA, CT, RI '07-'11) / **Senior Director** (3 State region: '04-'06)*

- Led strategic planning, relationship management, sales, and staff management activities for the consulting, analytics, purchased services and supply chain services across a multi-state, 100+ healthcare organization territory.

  - Built and led team that grew group purchasing organization sales (to $2,100,000,000) and revenue (to $49,000,000).
  - Increased Customer Satisfaction ratings by 18% from levels before given responsibility for the function.
  - Led alliance member recruitment efforts in six-state region. Seven new members joined adding $350,000,000 in revenue.
  - Led effort to develop a regional purchasing coalition coordinating national, regional, vendor and healthsystem resources, needs and expectations. Designed governance and operational model. Savings exceeded $2,200,000.
  - Developed business plans and led my team to roll out and implement dozens of new contracts / services launches each year including pharmacy products, medical device, capital equipment, IT products / services and med / surg products.
  - Worked with regional and national business partners to enhance pricing of agreements or establish new contracts.
  - Responded to RFPs ensuring that VHA's value proposition addressed the customer's needs, coordinating resources across business lines, to create and present an impactful offering. Managed process through successful completion.
  - Managed the Non-Acute Portfolio resources that exceeded targets or superior targets (125%) after gaining responsibility for the services. (Before taking responsibility for this portfolio the goal achievement was 82%)

VHA, Incorporated, Based out of Dover, NH (2001 – 2004)
***Director, Alliance Member Strategies** (ME, NH, VT, MA, RI, CT, NY)*

- Led marketing and consultative sales activities for both the Purchased Services and Consulting Services portfolios for three regional offices encompassing a seven-state area. Target audiences: middle and executive management.

  - Working with 90+ business partners, attained 150% of revenue target for purchased services portfolio (IT, capital, financial / revenue cycle, ambulatory, support, clinical).
  - Partnering with national / corporate service providers, attained Superior level for consulting services revenue goals.
  - Eventually responsible for the marketing and sales of all consulting services for one half of VHA's regions.

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North Broward Hospital District, Fort Lauderdale, Florida **1996 – 2001**
Executive Director, Reengineering and Integration

- Led cross-functional, cross-facility initiatives improving processes and integrating services across 40 acute and non-acute site public health system.

- Developed process to manage at-risk patients much like the population health models seen today.
- Led a multiple phase, cross-District project that re-invented the financial assistance process, virtually resulting in a new function. This recouped $2,000,000+ in unreimbursed service provision annually.
- Developed and tracked a daily district-wide labor productivity monitoring system containing executive roll-up reporting.
- Partnered with a for-profit entity to build a joint-venture DME company. Due diligence, governance, revenue split.
- Led the Quality Council with a member of the board. Designed, implemented, managed initiatives across the enterprise.
- Assisted with the preparation for JCAHO assessment.
- Co-led the planning, redesign of operations and implementation of the District's new Pathways IT system across the enterprise. Documented / updated processes to take full advantage of the system's functionality. Co-led all District/site-specific user groups.
- Designed the District's Enterprise Scheduling Center. Led the selection of software, developed processes and staffing requirements. Built a nurse call system into the Center. Increased customer service and reduced staffing.
- Managed the patient / family / customer satisfaction program for service improvement. Changed approach from reactive to proactive. Worked with staff to design and implement improved processes for patient and family service and engagement.

EDUCATION

Master of Business Administration
University of South Florida

Bachelor of Sciences in Commerce and Business Administration
Major: Health Care Management Minor: Marketing
University of Alabama

Additional Training

Juran Institute Project / Team Facilitator Course, Juran Institute Quality / Performance Improvement Tools
Leading an Empowered Organization (MIT), Lean for Healthcare and Non-Manufacturing (University of Texas)

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Greater Secaoast Community Health
Regional Public Health Network
Key Personnel

Name	Title	Salary	% Paid from Contract	Amount Paid from this Contract
Lara Drolet	SCPHN Director	$118,778.40	5%	$5,938.92
Erin Ross	CFO	$167,003.00	0%	$0.00
Jim Avrett	CEO	$225,000.00	0%	$0.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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	158056	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	$81,463
			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 - Capital 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 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
Name: Patricia M. Tilley
Title: Director

Greater Seacoast Community Health

1/11/2023
Date

DocuSigned by:
Janet Laatsch
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
74573484494140...
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: 017055B8-A5EF-4809-BCF8-29FBD7CDBCAC

DocuSign Envelope ID: C3249C31-6F89-4825-A13C-3C5AFB0DEAC3

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 *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	$1,888	$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 (Occupancy)	$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 JL
Date 1/11/2023

JUN16'22 AM11:18 RCVD

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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:** **6/18/2021**

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 #177877-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	$199,238

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 - Capital 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: 6/27/2021

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

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 6/7/2022 Date:	1.12 Name and Title of Contractor Signatory Janet Laatsch CEO
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley 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 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 JM

Date 6/7/2022

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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 for 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

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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 omissions of the

Contractor Initials JL

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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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

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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.

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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

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	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

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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.

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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.

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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:

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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.

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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

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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.

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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

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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

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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

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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.

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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

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		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

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		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:

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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

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		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."

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	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

		QRR 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

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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.

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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.

1.4.1.1.5.		Documentation that the PHAC membership represents public health stakeholders and the covered populations.
1.4.1.1.6.		CHIP evaluation plan that demonstrates positive outcomes each year.
1.4.1.1.7.		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

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(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.

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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.

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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.

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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: Greater Seacoast Community Health
Budget Request for: RFA-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 (100% per Spr. 01/01)	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	$21,341		$114,240	$0	$7,720	$72,300
2. Fringe Benefits	$0	$4,118	$4,695		$28,560	$0	$1,701	$2,700
3. Consultants	$0	$1,000	$0		$7,800	$5,000	$0	
4. Equipment (Rental and non-rental as applied in accordance with 2 CFR 200.1 and Appendix IV to 2 CFR 75)	$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	$1,871		$0	$3,000	$1,863	
5.(e) Supplies Office	$0	$512	$250		$3,717	$1,000	$1,000	
6. Travel	$0	$150			$6,000		$350	
7. Occupancy	$240	$250			$500	$0	$0	
8.(a) Other - Marketing/Communications	$0	$1,000			$10,000	$10,000	$500	
8.(c) Other - Education and Training	$0	$1,000	$500		$10,000	$2,500	$100	
8.(b) Other - Other (specify below)								
Other (Computer)	$0	$2,750			$15,000	$0	$0	
Other (Travel for Meeting and Training)	$0	$0			$10,000	$0	$0	
Other (please specify)	$0	$0			$0	$0	$0	
Other (please specify)	$0	$0			$0	$0	$0	
9. Subrecipient Contract(s)	$59,000	$0	$71,577	$10,000	$0	$0	$11,750	
Total Direct Costs	$59,000	$30,000	$104,413	$10,000	$203,067	$25,000	$13,800	$75,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0	$0	$0
Subtotals	$59,000	$30,000	$104,413	$10,000	$203,067	$25,000	$13,800	TOTAL $445,280

6/7/2022

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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, 2023-June 30, 2024

Indirect Cost Rate (if applicable) 0.00%

Line Item	COVID Response	Public Health Advisory Council (40% PH 60% BOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$0	$18,729	$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	$1,848
5.(e) Supplies Office	$0	$512	$250		$3,287	$1,000
6. Travel	$0	$150			$5,000	$351
7. Software	$0	$258			$500	$0
8. (a) Other - Marketing/Communications	$0	$1,900			$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	$71,877	$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	TOTAL	$412,499

Contractor Initials

Date 6/7/2022

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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 DE

Date 6/7/2022

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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.

Vendor Name: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

DocuSign Envelope ID: 017055B8-A5EF-4809-BCF8-29FBD7CDBCAC

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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: Greater Seacoast Community Health

6/7/2022
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

Vendor Initials JL
6/7/2022
Date

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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

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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: Greater Seacoast Community Health

6/7/2022
Date

Name: Janet Laatsch
Title: CEO

Contractor Initials: JL
6/7/2022
Date

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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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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

6/7/2022
Date

Janet Caatsch
Name: Janet Caatsch
Title: CEO

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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

Name: Janet Laatsch
Title: CEO

Contractor Initials JL
Date 6/7/2022

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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.

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l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH Act.

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

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:

I. For the proper management and administration of the Business Associate;
II. As required by law, pursuant to the terms set forth in paragraph d. below; or
III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

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

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

(3) Obligations and Activities of Business Associate.

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

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

- 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.

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

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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

(4) Obligations of Covered Entity

a. Covered Entity shall notify Business Associate of any changes or limitation(s) in its Notice of Privacy Practices provided to individuals in accordance with 45 CFR Section 164.520, to the extent that such change or limitation may affect Business Associate's use or disclosure of PHI.

b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this Agreement, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.

c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination for Cause

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

(6) Miscellaneous

a. Definitions and Regulatory References. All terms used, but not otherwise defined herein, shall have the same meaning as those terms in the Privacy and Security Rule, amended from time to time. A reference in the Agreement, as amended to include this Exhibit I, to a Section in the Privacy and Security Rule means the Section as in effect or as amended.

b. Amendment. Covered Entity and Business Associate agree to take such action as is necessary to amend the Agreement, from time to time as is necessary for Covered Entity to comply with the changes in the requirements of HIPAA, the Privacy and Security Rule, and applicable federal and state law.

c. Data Ownership. The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.

d. Interpretation. The parties agree that any ambiguity in the Agreement shall be resolved to permit Covered Entity to comply with HIPAA, the Privacy and Security Rule.

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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

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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 $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
6/7/2022
Date

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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: _____

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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

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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.

8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.

9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.

10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.

11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

2. The Contractor must not disclose any Confidential Information in response to a

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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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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Exhibit K

DHHS Information Security Requirements

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

12. Contractor must comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/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

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,663,002

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add Section 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements, etc.;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 Professional liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.3.3 Provide coverage for 24 months

1.2.11.2.3.4 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.4 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.5 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.6 MRC STTRONG funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to add Section 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

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

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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 6% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

11. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the Seacoast Area Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later than 20 business days from Governor and Council approval for this Amendment #2.

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

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

State of New Hampshire
Department of Health and Human Services

3/25/2024
Date

DocuSigned by:
Iain Watt
D7782B81F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Lamprey Health Care, Inc.

3/25/2024
Date

DocuSigned by:
Gregory White
7D8214B5A0304D8...
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

3/27/2024
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: C9E7F7CD-F629-4AB3-ADDA-F90A12194347

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: **0006319717**

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 September A.D. 2023.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Lauren Valencia, Secretary, 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 September 27, 2023, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Gregory A. White, co-CEO, and Sue Durkin, co-CEO (may list more than one person)

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 was **valid thirty (30) days prior to and 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:_____

Laura Valencia Digitally signed by Laura Valencia Date: 2024.03.10 19:37:01 -04'00'

Signature of Elected Officer
Name: Laura Valencia
Title: Secretary, Board of Directors

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/12/2023

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 # 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
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Philadelphia Indemnity Insurance Company — 18058 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			PHPK2563602	7/1/2023	7/1/2024	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 5,000
	POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$
	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			WCA00545411	7/1/2023	7/1/2024	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (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

Linda J. Kinney

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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

BerryDunn

CONSOLIDATED FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS* AND THE UNIFORM GUIDANCE

September 30, 2023 and 2022

With Independent Auditor's Report

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheets as of September 30, 2023 and 2022, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of September 30, 2023 and 2022, 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.

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 Consolidated 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 Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated 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 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 Organization's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditor's 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 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 consolidated 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 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 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 consolidated 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.

Supplementary Information

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, 2023 and 2022, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis of the consolidated financial statements 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 consolidating information is fairly stated in all material respects in relation to 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 February 16, 2024 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

Portland, Maine
February 16, 2024

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2023 and 2022

ASSETS

	2023	2022
Current assets		
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Patient accounts receivable	1,478,008	1,783,724
Grants receivable	1,167,418	1,196,731
Other receivables	153,045	139,731
Inventory	182,213	238,124
Other current assets	437,916	366,193
Total current assets	4,912,583	6,837,930
Assets limited as to use	3,134,849	3,961,087
Fair value of interest rate swaps	347,166	304,939
Property and equipment, net	8,997,927	7,322,436
Total assets	$ 17,392,525	$ 18,426,392

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 916,612	$ 658,309
Accrued payroll and related expenses	1,420,265	1,381,807
Deferred revenue	277,623	283,638
Current maturities of long-term debt	74,458	72,440
Total current liabilities	2,688,958	2,396,194
Long-term debt, less current maturities	2,620,655	2,700,836
Total liabilities	5,309,613	5,097,030
Net assets		
Without donor restrictions	11,159,483	12,610,798
With donor restrictions	923,429	718,564
Total net assets	12,082,912	13,329,362
Total liabilities and net assets	$ 17,392,525	$ 18,426,392

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, 2023 and 2022

	2023	2022
Operating revenue		
Net patient service revenue	$ 10,280,924	$ 11,411,655
Rental income	137,812	164,761
Grants, contracts and contributions	9,525,554	8,142,840
Other operating revenue	957,233	1,077,550
Net assets released from restriction for operations	312,863	363,791
Total operating revenue	21,214,386	21,160,597
Operating expenses		
Salaries and wages	13,327,788	12,359,463
Employee benefits	2,488,649	2,607,293
Supplies	1,275,176	785,520
Purchased services	3,559,583	3,219,637
Facilities	654,237	703,288
Other operating expenses	781,102	532,932
Insurance	150,776	147,154
Depreciation	481,397	465,622
Interest	100,779	93,271
Total operating expenses	22,819,487	20,914,180
(Deficiency) excess of revenue over expenses	(1,605,101)	246,417
Change in fair value of interest rate swaps	42,227	372,380
Net assets released from restriction for capital acquisition	111,559	44,225
(Decrease) increase in net assets without donor restrictions	$ (1,451,315)	$ 663,022

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 Changes in Net Assets

Years Ended September 30, 2023 and 2022

	2023	2022
Net assets without donor restrictions		
(Deficiency) excess of revenue over expenses	$ (1,605,101)	$ 246,417
Change in fair value of interest rate swaps	42,227	372,380
Net assets released from restriction for capital acquisition	111,559	44,225
(Decrease) increase in net assets without donor restrictions	(1,451,315)	663,022
Net assets with donor restrictions		
Contributions	132,705	419,527
Grants for capital acquisition, purchased and not in service	496,582	93,719
Net assets released from restriction for operations	(312,863)	(363,791)
Net assets released from restriction for capital acquisition	(111,559)	(44,225)
Increase in net assets with donor restrictions	204,865	105,230
Change in net assets	(1,246,450)	768,252
Net assets, beginning of year	13,329,362	12,561,110
Net assets, end of year	$ 12,082,912	$ 13,329,362

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2023

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 10,529,195	$ 647,653	$ 11,176,848	$ 2,150,940	**$ 13,327,788**
Employee benefits	1,839,710	113,161	1,952,871	535,778	**2,488,649**
Supplies	1,125,756	8,612	1,134,368	140,808	**1,275,176**
Purchased services	1,067,039	1,157,156	2,224,195	1,335,388	**3,559,583**
Facilities	601,026	-	601,026	53,211	**654,237**
Other	238,915	148,525	387,440	393,662	**781,102**
Insurance	106,015	14,033	120,048	30,728	**150,776**
Depreciation	337,544	44,682	382,226	99,171	**481,397**
Interest	67,391	8,921	76,312	24,467	**100,779**
Allocated program support	1,462,384	105,489	1,567,873	(1,567,873)	-
Total	**$ 17,374,975**	**$ 2,248,232**	**$ 19,623,207**	**$ 3,196,280**	**$ 22,819,487**

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2022

	Healthcare Services	AHEC/PHN	Total Program Services	Administration and Support Services	Total
Salaries and wages	$ 9,991,275	$ 462,982	$ 10,454,257	$ 1,905,206	$ 12,359,463
Employee benefits	2,107,711	97,668	2,205,379	401,914	2,607,293
Supplies	762,477	5,881	768,358	17,162	785,520
Purchased services	1,089,215	849,499	1,938,714	1,280,923	3,219,637
Facilities	559,216	-	559,216	144,072	703,288
Other	194,227	57,048	251,275	281,657	532,932
Insurance	107,077	10,727	117,804	29,350	147,154
Depreciation	338,813	33,943	372,756	92,866	465,622
Interest	68,379	6,850	75,229	18,042	93,271
Allocated program support	812,790	48,489	861,279	(861,279)	-
Total	$ 16,031,180	$ 1,573,087	$ 17,604,267	$ 3,309,913	$ 20,914,180

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 Cash Flows

Years Ended September 30, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Change in net assets	$ (1,246,450)	$ 768,252
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	481,397	465,622
Loss on disposal of assets	189,817	-
Insurance proceeds for capital acquisitions	(559,251)	-
Change in fair value of interest rate swaps	(42,227)	(372,380)
Grants for capital acquisition	(496,582)	(93,719)
(Increase) decrease in the following assets:		
Patient accounts receivable	305,716	(394,032)
Grants receivable	(687)	(442,332)
Other receivables	(13,314)	(2,218)
Inventory	55,911	(60,740)
Other current assets	(71,723)	(103,252)
(Decrease) increase in the following liabilities:		
Accounts payable and accrued expenses	(45,615)	59,375
Accrued payroll and related expenses	38,458	75,605
Due to third-party payers	-	(241,394)
Deferred revenue	(6,015)	(140,284)
Net cash used by operating activities	(1,410,565)	(481,497)
Cash flows from investing activities		
Capital acquisitions	(2,042,787)	(222,149)
Insurance proceeds for capital acquisitions	559,251	-
Net cash used by investing activities	(1,483,536)	(222,149)
Cash flows from financing activities		
Grants received for capital acquisition	526,582	63,719
Principal payments on long-term debt	(78,163)	(66,539)
Net cash provided (used) by financing activities	448,419	(2,820)
Net decrease in cash and cash equivalents	(2,445,682)	(706,466)
Cash and cash equivalents, beginning of year	7,074,514	7,780,980
Cash and cash equivalents, end of year	$ 4,628,832	$ 7,074,514

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 Cash Flows (Concluded)

Years Ended September 30, 2023 and 2022

	2023	2022
Composition of cash and cash equivalents, end of year		
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Assets limited as to use	3,134,849	3,961,087
	$ 4,628,832	$ 7,074,514
Supplemental disclosure of cash flow information:		
Cash paid for interest	$ 100,779	$ 93,271
Capital expenditures included in accounts payable	$ 362,528	$ 58,610
Property and equipment acquisitions included in grant receivables	$ -	$ 30,000

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

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. LHC has three primary clinic facilities in Newmarket, Raymond and Nashua, New Hampshire.

On February 5, 2023, the LHC experienced a catastrophic flooding event in the Newmarket clinic facility as the result of a burst pipe that had frozen due to an extreme weather event. This resulted in closure of that facility for approximately five months for damage mitigation and to rebuild part of the first floor interior and all of the lower level. This event also impacted the computer network operations of the Organization for a period of two weeks, impacting access to the electronic records, telephone systems and network computer files.

The staffing and operations of that facility were partially redeployed to other clinical locations to provide care to patients in person and through telehealth. Tenants in the building were displaced for much of this time, with one permanently relocating to a new location. Staff returned to the facility in June 2023, and have resumed full operations.

LHC recognized a loss on undepreciated improvements, furnishings and equipment in the amount of $189,817 and insurance proceeds of $559,251 for the year ended September 30, 2023 and which are included in other operating revenue on the consolidated statement of operations.

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 corporate member of FLHC.

1. Summary of Significant Accounting Policies

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.

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 2023 or 2022.

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.

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 each financial institution. 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

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 as follows:

- Medical, behavioral health and ancillary services are measured from the commencement of an in-person or virtual encounter with a patient to the completion of the encounter. Ancillary services provided the same day 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 majority of the Organization's performance obligations are satisfied at a point in time.

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. Significant payer concentrations are presented in Note 3.

A summary of payment arrangements follows:

Medicare

The Organization is primarily reimbursed for services provided to patients based on the lesser of actual charges or prospectively set rates for all FQHC services provided to a Medicare beneficiary on the same day. 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. Certain other 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. The rate was legislatively increased from $216.74 to $287.09 effective October 1, 2023.

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 and certain other programs. The Organization estimates the costs associated with providing 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 eligible patients. The estimated cost of providing services to patients under the Organization charity care programs amounted to $1,282,844 and $1,058,465 for the years ended September 30, 2023 and 2022, respectively. The Organization is able to provide these services with a component of funds received through 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. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription after the amount has been determined by the pharmacy benefits manager.

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.

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 the United States Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2023 and 2022, grants from HHS (including both direct awards and awards passed through other organizations) represented the majority 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 received notice of direct awards from the U.S. Department of Health and Human Services as outlined below. The awards are cost reimbursable grants and have not been recognized as revenue at September 30, 2023 because qualifying expenditures have not yet been incurred but are available after September 30, 2023 as outlined below:

	Amount	Available Through
Health Center Program	$ 2,258,752	May 31, 2024
Advanced Nursing Education- Nurse Practitioner Residency Fellowship Program	685,386	July 31, 2024
FY 2023 Early Childhood Development	187,973	August 31, 2024
Substance Abuse and Mental Health Services_Projects of Regional and National Significance	499,277	September 29, 2024
FY 2023 Bridge Access Program	32,466	December 31, 2024
Sustaining New Hampshire's CDSM & CPSM Self-Management Network	463,978	April 30, 2025
Community Health Worker Training Program	2,668,251	September 14, 2025

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 and donor restricted funds, as discussed further in Note 4.

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 statements of operations and changes in net assets 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.

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.

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 programs.

(Deficiency) Excess of Revenue Over Expenses

The statements of operations and changes in net assets reflect the (deficiency) 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 grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and the related release from restriction for capital acquisition and the change in the fair value of interest rate swaps.

Subsequent Events

For purposes of the preparation of these consolidated financial statements, management has considered transactions or events occurring through February 16, 2024, 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 6). The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 24 and 56 at September 30, 2023 and 2022, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2023	2022
Cash and cash equivalents	$ 1,493,983	$ 3,113,427
Patient accounts receivable	1,478,008	1,783,724
Grants receivable	1,167,418	1,196,731
Other receivables	153,045	139,731
Financial assets available	$ 4,292,454	$ 6,233,613

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 4. Accordingly, these assets have not been included in the quantitative information above.

3. Patient Accounts Receivable and Net Patient Service Revenue

Patient Accounts Receivable and 340B Contract Pharmacy Receivable

Patient accounts receivable consisted of the following:

	October 1, 2021	September 30, 2022	September 30, 2023
Patient accounts receivable	$ 1,210,952	$ 1,595,065	$ 1,376,419
340B contract pharmacy program	178,740	188,659	101,589
Total patient accounts receivable	$ 1,389,692	$ 1,783,724	$ 1,478,008

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:

	2023	2022
Governmental plans		
Medicare	33 %	26 %
Medicaid	27 %	32 %
Commercial payers	28 %	31 %
Patient	12 %	11 %
Total	100 %	100 %

Net Patient Service Revenue

Net patient service revenue was as follows for the years ended September 30:

	2023	2022
Gross charges	$15,263,891	$16,193,275
340B contract pharmacy revenue	2,223,873	2,288,391
Total gross revenue	17,487,764	18,481,666
Contractual adjustments and implicit price concessions	(6,629,422)	(6,412,843)
Sliding fee discounts	(905,871)	(813,170)
Other patient related revenue	328,453	156,002
Total patient service revenue	$10,280,924	$11,411,655

The mix of net patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2023	2022
Medicare	22 %	19 %
Medicaid	43 %	46 %
Commercial payers	31 %	30 %
Patient	4 %	5 %
	100 %	100 %

4. 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:

	2023	2022
Board-designated for:		
Transportation	$ 27,059	$ 27,059
Working capital	1,284,122	1,641,947
Capital improvements	1,431,184	1,677,051
Other	80,131	80,131
Total board-designated	2,822,496	3,426,188
Donor restricted	312,353	577,611
Total	$ 3,134,849	$ 3,961,087

5. Property and Equipment

Property and equipment consists of the following at September 30:

	2023	2022
Land and improvements	$ 1,201,363	$ 1,154,753
Building and improvements	12,069,238	11,901,465
Furniture, fixtures and equipment	1,472,217	1,877,573
Total cost	14,742,818	14,933,791
Less accumulated depreciation	7,525,103	7,862,789
	7,217,715	7,071,002
Construction in progress and assets not in service	1,780,212	251,434
Property and equipment, net	$ 8,997,927	$ 7,322,436

The construction in progress 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 to be approximately $3,500,000 and is 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.

6. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 2024, with an interest rate at the Wall Street Journal Prime Rate, but not less than 3.25% (8.5% at September 30, 2023). The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2023 and 2022.

7. Long-Term Debt

Long-term debt consists of the following at September 30:

	2023	2022
Promissory note payable to local bank; see terms outlined below. (1)	$ 758,910	$ 790,941
Promissory note payable to local bank; see terms outlined below. (2)	1,936,203	1,982,335
Total long-term debt	2,695,113	2,773,276
Less current maturities	74,458	72,440
Long-term debt, less current maturities	$ 2,620,655	$ 2,700,836

(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 20 years, with fixed monthly payments of $4,787 including principal and interest at the one-month Secured Overnight Financing Rate (SOFR) plus 1.5% through February 2032 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 2032 that limits the potential interest rate fluctuation and substantively fixes the rate at 3.77%.

(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 SOFR plus 1.57% 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 not in compliance with certain loan covenants at September 30, 2023 and has received a waiver from the bank for the default.

Maturities of long-term debt for the next five years and thereafter are as follows at September 30:

2024	$ 74,458
2025	79,753
2026	82,546
2027	85,437
2028	88,211
Thereafter	2,284,708
Total	$ 2,695,113

8. 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	2023 Fair Value Asset	2022 Fair Value Asset	Termination Date	Counterparty
LHC	3.7700 %	6.8306 %	$ 761,746	$ 89,368	$ 68,196	02-17-2032	TD Bank
FLHC	3.1730 %	6.8974 %	1,926,492	257,798	236,743	10-02-2029	TD Bank
Cumulative unrealized asset				$ 347,166	$ 304,939		

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).

9. Net Assets

Net assets without donor restrictions are designated for the following purposes at September 30:

	2023	2022
Undesignated	$ 8,336,987	$ 9,184,610
Board-designated (Note 4)	2,822,496	3,426,188
Total	$11,159,483	$12,610,798

Net assets with donor restrictions were restricted for the following specific purposes at September 30:

	2023	2022
Temporary in nature:		
Capital improvements	$ 38,088	$ 80,477
Capital acquisitions, purchased but not in service	611,076	183,664
Community programs	274,265	454,423
Total	$ 923,429	$ 718,564

10. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $373,182 and $342,532 for the years ended September 30, 2023 and 2022, 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, 2023, 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.

SUPPLEMENTARY INFORMATION

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2023

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Current assets			
Cash and cash equivalents	$ 380,556	$ 1,113,427	$ 1,493,983
Patient accounts receivable	1,478,008	-	1,478,008
Grants receivable	1,167,418	-	1,167,418
Other receivables	153,045	-	153,045
Inventory	182,213	-	182,213
Other current assets	437,916	-	437,916
Total current assets	3,799,156	1,113,427	4,912,583
Assets limited as to use	3,134,849	-	3,134,849
Fair value of interest rate swaps	89,368	257,798	347,166
Property and equipment, net	7,540,932	1,456,995	8,997,927
Total assets	$ 14,564,305	$ 2,828,220	$ 17,392,525

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 916,612	$ -	$ 916,612
Accrued payroll and related expenses	1,420,265	-	1,420,265
Deferred revenue	277,623	-	277,623
Due to (from) affiliate	24,092	(24,092)	-
Current maturities of long-term debt	29,001	45,457	74,458
Total current liabilities	2,667,593	21,365	2,688,958
Long-term debt, less current maturities	729,909	1,890,746	2,620,655
Due to (from) affiliate	1,021,406	(1,021,406)	-
Total liabilities	4,418,908	890,705	5,309,613
Net assets			
Without donor restrictions	9,221,968	1,937,515	11,159,483
With donor restrictions	923,429	-	923,429
Total net assets	10,145,397	1,937,515	12,082,912
Total liabilities and net assets	$ 14,564,305	$ 2,828,220	$ 17,392,525

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2022

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2022 Consolidated
Current assets			
Cash and cash equivalents	$ 1,436,518	$ 1,676,909	$ 3,113,427
Patient accounts receivable	1,783,724	-	1,783,724
Grants receivable	1,196,731	-	1,196,731
Other receivables	139,731	-	139,731
Inventory	238,124	-	238,124
Other current assets	366,193	-	366,193
Total current assets	5,161,021	1,676,909	6,837,930
Assets limited as to use	3,961,087	-	3,961,087
Fair value of interest rate swaps	68,196	236,743	304,939
Property and equipment, net	5,755,561	1,566,875	7,322,436
Total assets	$ 14,945,865	$ 3,480,527	$ 18,426,392

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 645,502	$ 12,807	$ 658,309
Accrued payroll and related expenses	1,381,807	-	1,381,807
Deferred revenue	283,638	-	283,638
Due to (from) affiliate	25,100	(25,100)	-
Current maturities of long-term debt	27,993	44,447	72,440
Total current liabilities	2,364,040	32,154	2,396,194
Long-term debt, less current maturities	762,948	1,937,888	2,700,836
Due to (from) affiliate	1,045,164	(1,045,164)	-
Total liabilities	4,172,152	924,878	5,097,030
Net assets			
Without donor restrictions	10,055,149	2,555,649	12,610,798
With donor restrictions	718,564	-	718,564
Total net assets	10,773,713	2,555,649	13,329,362
Total liabilities and net assets	$ 14,945,865	$ 3,480,527	$ 18,426,392

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2023

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2023 Consolidated
Operating revenue				
Net patient service revenue	$10,280,924	$ -	$ -	$10,280,924
Rental income	137,812	227,916	(227,916)	137,812
Grants, contracts and contributions	9,525,554	-	-	9,525,554
Other operating revenue	953,725	3,508	-	957,233
Net assets released from restriction for operations	312,863	-	-	312,863
Total operating revenue	21,210,878	231,424	(227,916)	21,214,386
Operating expenses				
Salaries and wages	13,327,788	-	-	13,327,788
Employee benefits	2,488,649	-	-	2,488,649
Supplies	1,275,051	125	-	1,275,176
Purchased services	3,559,508	75	-	3,559,583
Facilities	881,853	300	(227,916)	654,237
Other operating expenses	779,103	1,999	-	781,102
Insurance	150,776	-	-	150,776
Depreciation	371,516	109,881	-	481,397
Interest expense	46,746	54,033	-	100,779
Total operating expenses	22,880,990	166,413	(227,916)	22,819,487
(Deficiency) excess of revenue over expenses	(1,670,112)	65,011	-	(1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	-	42,227
Net assets released from restriction for capital acquisition	111,559	-	-	111,559
Net asset transfer	704,200	(704,200)	-	-
Decrease in net assets without donor restrictions	$ (833,181)	$ (618,134)	$ -	$ (1,451,315)

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2022

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2022 Consolidated
Operating revenue				
Net patient service revenue	$11,411,655	$ -	$ -	$11,411,655
Rental income	164,761	227,916	(227,916)	164,761
Grants, contracts and contributions	8,142,840	-	-	8,142,840
Other operating revenue	1,076,095	1,455	-	1,077,550
Net assets released from restriction for operations	363,791	-	-	363,791
Total operating revenue	21,159,142	229,371	(227,916)	21,160,597
Operating expenses				
Salaries and wages	12,359,463	-	-	12,359,463
Employee benefits	2,607,293	-	-	2,607,293
Supplies	785,520	-	-	785,520
Purchased services	3,219,557	80	-	3,219,637
Facilities	930,904	300	(227,916)	703,288
Other operating expenses	530,932	2,000	-	532,932
Insurance	147,154	-	-	147,154
Depreciation	355,740	109,882	-	465,622
Interest	73,504	19,767	-	93,271
Total operating expenses	21,010,067	132,029	(227,916)	20,914,180
Excess of revenue over expenses	149,075	97,342	-	246,417
Change in fair value of interest rate swaps	70,828	301,552	-	372,380
Net assets released from restriction for capital acquisition	44,225	-	-	44,225
Increase in net assets without donor restrictions	$ 264,128	$ 398,894	$ -	$ 663,022

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2023

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2023 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (1,670,112)	$ 65,011	$ (1,605,101)
Change in fair value of interest rate swaps	21,172	21,055	42,227
Net assets released from restriction for capital acquisition	111,559	-	111,559
Net asset transfer	704,200	(704,200)	-
Decrease in net assets without donor restrictions	(833,181)	(618,134)	(1,451,315)
Net assets with donor restrictions			
Contributions	132,705	-	132,705
Grants for capital acquisition, purchased and not in service	496,582	-	496,582
Net assets released from restriction for operations	(312,863)	-	(312,863)
Net assets released from restrictions for capital acquisition	(111,559)	-	(111,559)
Increase in net assets with donor restrictions	204,865	-	204,865
Change in net assets	(628,316)	(618,134)	(1,246,450)
Net assets, beginning of year	10,773,713	2,555,649	13,329,362
Net assets, end of year	$10,145,397	$ 1,937,515	$12,082,912

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2022

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2022 Consolidated
Net assets without donor restrictions			
Excess of revenue over expenses	$ 149,075	$ 97,342	$ 246,417
Change in fair value of interest rate swaps	70,828	301,552	372,380
Grants for capital acquisition	-	-	-
Net assets released from restriction for capital acquisition	44,225	-	44,225
Increase in net assets without donor restrictions	264,128	398,894	663,022
Net assets with donor restrictions			
Contributions	419,527	-	419,527
Grants for capital acquisition	93,719	-	93,719
Net assets released from restrictions for operations	(363,791)	-	(363,791)
Net assets released from restriction for capital acquisition	(44,225)	-	(44,225)
Increase in net assets with donor restrictions	105,230	-	105,230
Change in net assets	369,358	398,894	768,252
Net assets, beginning of year	10,404,355	2,156,755	12,561,110
Net assets, end of year	$10,773,713	$ 2,555,649	$13,329,362

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal 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		$ 335,810
COVID-19 Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		1,447,112
Total AL 93.224			1,782,922
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		3,246,201
Total Health Center Program Cluster			5,029,123
Direct			
Advanced Nursing Education Grant Program	93.247		879,076
Pass-Through			
University of New Hampshire			
Advanced Nursing Education Grant Program	93.247	PZL0035	28,599
Total AL 93.247			907,675
Direct			
Affordable Care Act (ACA) Public Health Training Centers Program	93.516		318,763
Affordable Care Act (ACA) Grants for Capital Development in Health Centers	93.526		490,756
Empowering Older Adults and Adults With Disabilities Through Chronic Disease Self-Management Education Programs - Financed by Prevention and Public Health Funds (PPHF)	93.734		145,280
Pass-Through			
State of New Hampshire Department of Health and Human Services			
Special Programs for the Aging_Title III, Part D_Disease Prevention and Health Promotion Services	93.043	010-048-8917-102-500731	46,721
State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	102-500731-90077410	24,610
Public Health Emergency Preparedness	93.069	074-500589-90077028	25,110
Total AL 93.069			49,720
Dartmouth College			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	n/a	109,774

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Continued)

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
Family Planning_Services	93.217	010-090-79640000-500731	18,293
Family Planning_Services	93.217	05-9590-902010-5530	207,065
Total AL 93.217			225,358
State of New Hampshire Department of Health and Human Services			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	074-500589-92058506	104,155
State of New Hampshire Department of Health and Human Services			
COVID-19 Immunization Cooperative Agreements	93.268	102-500731-90023800	32,236
Bi-State Primary Care Association, Inc.			
COVID-19 Immunization Cooperative Agreements	93.268	n/a	40,604
Total AL 93.268			72,840
First Choice Services, Inc.			
Cooperative Agreement to Support Navigators in Federally-Facilitated and State Partnership Marketplaces	93.332	n/a	78,269
State of New Hampshire Department of Health and Human Services			
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-901010-5771	259,892
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731-90577140	80,776
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	102-500731-90577150	8,975
Total AL 93.391			349,643
State of New Hampshire Department of Health and Human Services			
Well-Integrated Screening and Evaluation for Women Across the Nation (WiseWoman)	93.436	n/a	42,722
State of New Hampshire Department of Health and Human Services			
Temporary Assistance for Needy Families	93.558	010-045-61460000-500891	55,259
State of New Hampshire Department of Health and Human Services			
Opioid STR	93.788	074-500589-92057048	617
Bi-State Primary Care Association, Inc.			
Opioid STR	93.788	n/a	256,334
Total AL 93.788			256,951
State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	074-500589-90077700	6,720

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Expenditures of Federal Awards (Concluded)

Year Ended September 30, 2023

Federal Grant/Pass-Through Grantor/Program Title	Federal Assistance Listing Number	Pass-Through Contract Number	Total Federal Expenditures
U.S. Department of Health and Human Services			
State of New Hampshire Department of Health and Human Services			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92057502	67,291
Block Grants for Prevention and Treatment of Substance Abuse	93.959	074-500589-92059502	7,833
Total AL 93.959			75,124
State of New Hampshire Department of Health and Human Services			
Preventive Health and Health Services Block Grant	93.991	074-500589-90001022	12,002
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	010-090-51900000-500731	67,738
Total U.S. Department of Health and Human Services			8,444,593
U.S. Department of Treasury			
Pass-Through			
New Hampshire Governor's Office for Emergency Relief and Recovery			
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	177677	424,678
U.S. Department of Housing and Urban Development			
Pass-Through			
City of Nashua, New Hampshire			
Community Development Block Grants/Entitlement Grants	14.218	n/a	25,742
Total Expenditures Federal Awards, All Programs			$ 8,895,013

The accompanying notes are an integral part of this schedule.

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended September 30, 2023

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

Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization) have elected not to use the 10-percent 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.

4. COVID-19 Coronavirus State and Local Fiscal Recovery Funds

The Schedule includes the $240,966 of expenditures of COVID-19 Coronavirus State and Local Fiscal Recovery Funds (Assistance Listing 21.027) which were incurred during the year ended September 30, 2022 and omitted from the 2022 Schedule.

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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
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

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 Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. (collectively, the Organization), which comprise the consolidated balance sheet as of September 30, 2023, and the related consolidated statements of operations, changes in net assets, functional expenses and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated February 16, 2024.

Report on 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 audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of 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 consolidated 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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on 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 consolidated 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
February 16, 2024

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.'s (collectively, the Organization) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget's *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2023. 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.

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 each of its major federal programs for the year ended September 30, 2023.

Basis for Opinion on Each 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.

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 each 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 an instance of noncompliance which is required to be reported in accordance with the Uniform Guidance and which is described in the accompanying schedule of findings and questioned costs as item 2023-001. 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.

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

Report on Internal Control over Compliance

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 and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as discussed below, we did identify a certain deficiency in internal control over compliance that we consider to be a material weakness.

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. We consider the deficiency in internal control over compliance described in the accompanying schedule of findings and questioned costs as item 2023-001 to be a material weakness.

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.

Government Auditing Standards requires the auditor to perform limited procedures on the Organization's response to the internal control over compliance 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.

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
February 16, 2024

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Schedule of Findings and Questioned Costs

Year Ended September 30, 2023

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:

Federal Assistance Listing Number	Name of Federal Program or Cluster
93.526	Health Center Program Cluster Affordable Care Act (ACA) Grants for Capital Development in Health Centers

Dollar threshold used to distinguish between Type A and Type B programs:		$750,000		
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

2. **Financial Statement Findings**

None

3. Federal Award Findings and Questioned Costs

Finding Number:	2023-001
Finding Type:	Material weakness in internal control over compliance related to cash management
Information on the Federal Program:	Program Name: Affordable Care Act (ACA) Grants for Capital Development in Health Centers (AL 93.526) Federal Awards Project Title: Health Center Infrastructure Support Award Period: September 15, 2021- September 14; 2024 Award Number: 1 C8ECS43818-01 Agency: U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA)
Criteria:	According to the terms and conditions of the award, each budget has a Federal Percentage Share based upon the award amount and the total allowable costs. Grant funds can only be drawn down from the Payment Management System (PMS) as allowable costs are incurred. Unless otherwise authorized, draw down should be done in the same proportion as the grant is to total project costs in the approved budget.
Condition:	In a sample of three of nine cash draw downs from the PMS, each of the three transactions tested were drawn in a proportion in excess of the Federal Percentage Share as required by the terms and conditions of the award.
Cause:	The Organization experienced a transition in management positions during the year and did not thoroughly understand the specified terms and conditions of the award.
Effect:	The Organization may draw down funding in a proportion greater than is allowed and if the project does not get completed, it could result in the return of funds with potential interest.
Questioned Costs:	None
Repeat Finding:	No
Recommendation:	Management should provide additional training to individuals responsible for monitoring grant compliance, reinforce the importance of reviewing all grant agreement provisions, and implement a system of processes and controls for tracking compliance with all specific grant terms and conditions.
Views of a Responsible Official and Corrective Action Plan:	Management agrees with the finding. The Organization will modify procedures as appropriate and provide additional training and education as recommended.

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2023-2024 Board of Directors

Raymond Goodman, III (President/Chair)

[redacted]

Term ends 2024
Affiliation: University of MA Foundation
Years of Service: 11
Committees: Community Relations and Marketing (Chair), Quality Assurance

Andrea Laskey (Vice President)

[redacted]

Term Ends 2025
Affiliation: Retired
Years of Service: 4
Committees: Quality Assurance (Chair)

James Brewer (Treasurer)

[redacted]

Term Ends 2025
Affiliation: Eastern Bank
Years of Service: 4
Committees: Finance and Audit

Laura Valencia (Secretary)

[redacted]

Term Ends 2025
Affiliation: Bristol Myers Squibb
Years of Service: 5
Committees: Executive, Community Relations and Marketing

Frank Goodspeed (Immediate Past Chair/President)

[redacted]

Term Ends 2026
Affiliation: Retired
Years of Service: 10
Committees: Executive (chair), Community Relations and Marketing, Governance, Personnel, Quality Assurance

Audrey Ashton-Savage

[redacted]

Term Ends 2024
Affiliation: University of New Hampshire
Years of Service: 33
Committees: Executive, Community Relations and Marketing, Finance and Audit, Governance

Michelle Boom

[redacted]

Term Ends 2025
Affiliation: Homemaker
Years of Service: 4
Committees: Community Relations and Marketing

Thomas "Chris" Drew

[redacted]

Term Ends 2025
Affiliation: Seacoast Mental Health Center
Years of Service: 25
Committees: Executive, Finance and Audit (Chair) Personnel (Chair), Technology (Chair)

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2023-2024 Board of Directors

Jane Goodman
[redacted]
Term Ends 2026
New
Affiliation: Nashua Soup Kitchen & Shelter

Todd J Hathaway
[redacted]
Term Ends 2026
Affiliation: Wadleigh, Starr & Peters, PLLC
Years of Service: 2
Committees: Governance, Quality Assurance

Carol LaCross
[redacted]
Term Ends 2024
Affiliation: Retired
Years of Service: 35
Committees: Finance and Audit, Technology

Arvind Ranade,
[redacted]
Term Ends 2024
Affiliation: SymbioSys Solutions, Inc.
Years of Service: 8
Committees: Executive, Finance and Audit, Technology

Jim Ryan
[redacted]
Term Ends 2026
New
Affiliation: Greater Lawrence Family Health

Wilberto Torres
[redacted]
Term Ends 2025
Affiliation: Agile Workplace Staffing/Bell Tower Home Health Care
Years of Service: 6
Committees: Community Relations/Marketing, Technology

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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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- 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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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

References available upon request

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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

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	$14509
Julia Meuse	PHEP Manager	$59456
Maria Reyes	COC Facilitator	$33337
Samantha Areson	SMP Coordinator	$48010
Yosita Thanjai	CHW Equity Coordinator	$47460
TBD	Accountant	$8815

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ARC

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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

JAN26'23 PM12:02 RCVD

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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

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	$1,087,278	$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	$962,807	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 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 - 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	$206,755

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)

05-95-92-920510-3360 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 - Capital 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 # 185635-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 # 165835-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 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
Name: Patricia M. Tilley
Title: Director

Lamprey Health Care, Inc.

1/5/2023
Date

DocuSigned by:
Gregory White
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
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: 2218407D-AD91-4E34-A648-EC91DA2E3408

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	$12,973
2. Fringe Benefits	$1,487	$2,606	$6,617	$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	$900	$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 (Occupancy)	$0	$300	$800	$0	$858	$75	$0	
Other (Computer Operation)	$0	$300	$600	$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	$129,504
Total Indirect Costs	$4,546	$2,727	$9,682	$909	$18,463	$2,273	$1,363	$12,950
Subtotals	$50,000	$30,000	$106,506	$10,000	$203,088	$25,000	$15,000	$142,454
							TOTAL	$582,487

Contractor Initials
Date 1/5/2023

DocuSign Envelope ID: 2B194D7D-A091-4CB4-A349-C91D4325409

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	$11,600	$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	$600	$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 [initials]
Date 1/5/2023

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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: 6/18/2021

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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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 - Capital 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

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 Date: 6/6/2022		1.12 Name and Title of Contractor Signatory Greg White 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 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.

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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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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Date 6/6/2022

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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

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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. <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.

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, 2022 - 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	$23,409	$58,810	$0	$125,515	$4,897	$5,500	$11,410
2. Fringe Benefits	$1,636	$2,858	$7,278	$0	$15,325	$574	$672	$1,951
3. Consultants	$0	$1,850	$0	$0	$1,100	$0	$0	$0
4. Equipment (Rental and rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV at 2 CFR 200)	$0	$0	$1,870	$0	$0	$0	$0	$0
5.(a) Supplies - Educational	$500	$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	$350	$3,300	$0	$1,087	$0	$0	$0
6. Travel	$880	$358	$880	$0	$2,552	$97	$319	$550
7. Software	$0	$0	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$535	$354	$3,371	$0	$19,500	$10,844	$0	
8. (b) Other - Education and Training	$0	$0	$2,700	$0	$5,840	$0	$0	$440
8. (c) Other - Other (specify below)								
Other (Phone)	$0	$0	$0	$0	$990	$63	$0	$99
Other (Occupancy)	$0	$330	$660	$0	$4,554	$63	$0	
Other (Computer Operation)	$0	$330	$660	$0	$3,120	$99	$0	$0
Other (Board Expenses)	$0	$110	$220	$0	$0	$0	$0	$0
Other (Postage)					$300			
Other (Insurance)					$720			
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	$450,336

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	$13,977	$23,409	$60,897	$0	$128,653	$5,600
2. Fringe Benefits	$1,870	$2,866	$7,435	$0	$15,709	$572
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	$740	$0	$0	$0	$4,900	$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	$2,352	$218
7. Software	$0	$0	$0	$0	$0	$0
8. (a) Other - Marketing/Communications	$330	$550	$2,456	$0	$12,979	$0
8. (b) Other - Education and Training	$0	$0	$1,870	$0	$3,960	$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	$78,400	$7,700
Total Direct Costs	$50,000	$30,000	$102,749	$10,000	$293,067	$15,000
Total Indirect Costs	$0	$0	$0	$0	$0	$0
Subtotals	$50,000	$30,000	$102,749	$10,000	$293,067	$15,000
					TOTAL	$410,336

Contractor Initials CW

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: CU
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

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
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: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

Vendor Initials GW
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: 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.

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: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

Contractor Initials: DS GW
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: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
Title: CEO

Contractor Initials GW
Date 6/6/2022

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.

Contractor Initials: CW

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) é 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	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

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: Lamprey Health Care

6/6/2022
Date

DocuSigned by:
Greg White
Name: Greg White
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: 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 #2

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $2,956,447

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add Section1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements,;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.2 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.3 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.4 Professional liability insurance coverage must include:

1.2.11.2.4.1 $1,000,000 each occurrence.

1.2.11.2.4.2 $6,000,000 general aggregate.

1.2.11.2.4.3 Provide coverage for 24 months

1.2.11.2.4.4 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.5 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.6 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.7 MRC STTRONG funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because

professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

9. 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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 9% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-8, Budget Sheet, Amendment #2.

11. Modify Exhibit C-2, Budget Sheet, by replacing it in its entirety with Exhibit C-2, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

12. Modify Exhibit C-4, Budget Sheet, by replacing it in its entirety with Exhibit C-4, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-5, Budget Sheet, Amendment #2, which is attached hereto and incorporated by

reference herein

14. Add Exhibit C-6, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein
15. Add Exhibit C-7, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein. reference herein.
16. Add Exhibit C-8, Budget Sheet, Amendment #2, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

3/25/2024
Date

DocuSigned by:
Iain Watt
D778B863F9704C7...
Name: Iain Watt
Title: Interim Director - DPHS

Mary Hitchcock Memorial Hospital

3/25/2024
Date

DocuSigned by:
16A330EDC1D916F...
Name: Stephen Leblanc
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

3/26/2024
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:

Exhibit C-2 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *RPHN-Upper Valley*

Budget Period: *G&C Approval through June 30, 2024*

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	MRC STRRONG Volunteer Program	Health Disparities Community Health Worker
1. Salary & Wages	$13,296	$8,523	$51,109	$5,455	$110,633	$4,774	$0	$4,030
2. Fringe Benefits	$4,228	$2,710	$16,713	$1,734	$35,181	$1,519	$0	$1,281
3. Consultants	$6,601	$1	$1	$1	$6,500	$3,685	$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.	$0	$0	$0	$0	$0	$0	$0	$1
5.(a) Supplies - Educational	$1	$1	$1	$2	$1,500	$3	$0	$1
5.(b) Supplies - Lab	$1	$1	$1	$1	$1	$2	$0	$0
5.(c) Supplies - Pharmacy	$1	$1	$1	$1	$1	$2	$0	$0
5.(d) Supplies - Medical	$1	$1	$1	$1	$2	$2	$0	$0
6. Travel	$1,170	$1	$3,800	$1	$10,577	$0	$300	$1,001
7. Software	$1	$1	$2	$1	$1,788	$0	$0	$0
8. (a) Other - Marketing/Communications	$1	$2,193	$2	$1	$8,500	$0	$0	$0
8. (b) Other - Education and Training	$1	$1	$750	$2	$0	$0	$0	$0
8. (c) Other - Other (Office Supplies)	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Maintanence)	$0	$0	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$1,458	$0	$0	$12,081	$0
Other (please specify)	$0	$0	$0	$1,000	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$3,848	$1,150	$0	$0	$0
9. Subrecipient Contracts	$17,988	$12,540	$0	$0	$0	$3,000	$0	$56,934
Total Direct Costs	$43,290	$25,974	$72,381	$13,506	$175,833	$12,987	$12,381	$63,249
Total Indirect Costs	$6,710	$4,026	$11,219	$2,093	$27,254	$2,013	$1,919	$9,804
Subtotals	$50,000	$30,000	$83,600	$15,599	$203,087	$15,000	$14,300	$73,053
						Total		$484,639

Contractor Initial: SL DS

Date: 3/25/2024

Exhibit C-4 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *Sullivan County Region*

Budget Period: *G&C Approval through June 30, 2024*

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	Health Disparities Community Health Worker
1. Salary & Wages	$8,443	$11,352	$49,306	$5,520	$114,272	$5,990	$0
2. Fringe Benefits	$2,685	$3,610	$16,123	$1,755	$36,338	$1,905	$0
3. Consultants	$6,500	$1	$1	$1	$5,000	$1,747	$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	$0	$0	$1	$1	$0	$1	$0
5.(b) Supplies - Lab	$1	$0	$1	$1	$0	$1	$0
5.(c) Supplies - Pharmacy	$1	$0	$1	$1	$0	$1	$0
5.(d) Supplies - Medical	$5,500	$0	$1	$1	$0	$1	$0
6. Travel	$1,438	$354	$3,712	$128	$5,257	$337	$301
7. Software	$1	$0	$0	$0	$1	$1	$0
8. (a) Other - Marketing/Communications	$1	$0	$0	$1	$10,362	$1	$0
#REF!	$1	$1,000	$1,050	$1	$2,600	$1	$0
8. (c) Other - Other (Office Supplies)	$1,000	$657	$600	$1	$2,003	$1	$0
Other (MRC Maintanence)	$0	$0	$0	$1,000	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$3,848	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$1,247	$0	$0	$12,080
Other (please specify)	$0	$9,000	$1,585	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$20,000	$0	$0	$0	$0	$3,000	$0
Total Direct Costs	$45,571	$25,974	$72,381	$13,506	$175,833	$12,987	$12,381
Total Indirect Costs	$4,429	$4,026	$11,219	$2,093	$27,254	$2,013	$1,919
Subtotals	$50,000	$30,000	$83,600	$15,599	$203,087	$15,000	$14,300
						Total	**$411,587**

Contractor Initial: SL (DS)

Date: 3/25/2024

Exhibit C-5 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *Sullivan County Region*

Budget Period: *July 1,2024-June 30,2025*

Indirect Cost Rate (if applicable) 15.50%

Line Item	Public Health Advisory Council (30% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$15,423	$47,759	$6,500	$85,118	$5,529
2. Fringe Benefits	$5,043	$15,617	$2,126	$27,834	$1,808
3. Consultants	$0	$0	$1	$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	$1	$0	$0	$0
5.(a) Supplies - Educational	$0	$1	$0	$1	$0
5.(b) Supplies - Lab	$0	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$1	$0	$0	$750
6. Travel	$2,006	$5,000	$30	$1	$900
7. Software	$0	$1	$0	$1,900	$0
8. (a) Other - Marketing/Communications	$2,500	$0	$0	$1	$0
8. (b) Other - Education and Training	$1,000	$3,000	$0	$1	$0
8. (c) Other - Other (Office Supplies)	$1	$1,000	$1	$1	$0
Other (MRC Maintanence)	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0
Other (please specify)	$1	$0	$0	$0	$0
Other (please specify)	$0	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0	$4,000
Total Direct Costs	$25,974	$72,380	$8,658	$114,857	$12,987
Total Indirect Costs	$4,026	$11,220	$1,343	$17,803	$2,013
Subtotals	$30,000	$83,600	$10,000	$132,660	$15,000
			TOTAL		$271,260

Contractor Initial: SL (08)

Date: 3/25/2024

Exhibit C-6 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *Sullivan County Region*

Budget Period: *July 1, 2025-June 30, 2026*

Indirect Cost Rate (if applicable) 15.50%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse
1. Salary & Wages	$18,063	$54,539	$8,500	$85,118
2. Fringe Benefits	$5,907	$17,834	$2,126	$27,834
3. Consultants	$0	$0	$1	$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	$1	$0	$0
5.(a) Supplies - Educational	$0	$1	$0	$1
5.(b) Supplies - Lab	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$1	$0	$0
6. Travel	$1	$1	$30	$1
7. Software	$0	$1	$0	$1,900
8. (a) Other - Marketing/Communications	$2,000	$1	$1	$1
8. (b) Other - Education and Training	$1	$1	$0	$1
8. (c) Other - Other (Office Supplies)	$1	$1	$0	$1
Other (MRC Maintanence)	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0
Other (please specify)	$1	$0	$0	$0
Other (please specify)	$0	$0	$0	$0
9. Subrecipient Contracts	$0	$0	$0	$0
Total Direct Costs	$25,974	$72,381	$8,658	$114,857
Total Indirect Costs	$4,026	$11,219	$1,342	$17,803
Subtotals	$30,000	$83,600	$10,000	$132,660
			TOTAL	$256,260

Contractor Initial: SL (DS)

Date: 3/25/2024

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Exhibit C-7 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*
Budget Request for: *Upper Valley Regional Public Health Network*
Budget Period: *July 1, 2024-June 30, 2025*
Indirect Cost Rate (if applicable) 15.50%

Line Item	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	$10,528	$47,756	$8,139	$86,000	$5,000	$1
2. Fringe Benefits	$3,443	$15,616	$2,007	$28,122	$1,635	$1
3. Consultants	$1	$1	$0	$0	$1,200	$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	$1	$0	$0	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$1	$0	$0
5.(b) Supplies - Lab	$0	$1	$0	$0	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$1	$0	$0	$0	$0
6. Travel	$0	$5,000	$511	$730	$1,652	$0
7. Software	$0	$1	$0	$1	$0	$0
8. (a) Other - Marketing/Communications	$1	$1	$0	$0	$0	$0
8. (b) Other - Education and Training	$1	$3,000	$0	$1	$0	$0
8. (c) Other - Other (Office Supplies)	$0	$1,000	$0	$1	$0	$0
Other (MRC Maintanence)	$0	$0	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0	$0	$0
Other (please specify)	$0	$1	$0	$0	$0	$0
Other (please specify)	$0	$1	$0	$0	$0	$0
9. Subrecipient Contracts	$12,000	$0	$0	$0	$3,500	$76,123
Total Direct Costs	$25,974	$72,380	$8,657	$114,857	$12,987	$76,125
Total Indirect Costs	$4,026	$11,220	$1,343	$17,803	$2,013	$3,875
Subtotals	$30,000	$83,600	$10,000	$132,660	$15,000	$80,000
					TOTAL	$351,259

Contractor Initial: SL (DS)
Date: 3/25/2024

Exhibit C-8 Budget, Amendment #2

New Hampshire Department of Health and Human Services

Contractor Name: *Mary Hitchcock Memorial Hospital*

Budget Request for: *Upper Valley Regional Public Health Networks*

Budget Period: *July 1, 2025-June 30,2026*

Indirect Cost Rate (If applicable) 15.50%

Line Item	Public Health Advisory Council (50% PH 50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse
1. Salary & Wages	$10,526	$54,537	$6,139	$86,000
2. Fringe Benefits	$3,443	$17,834	$2,007	$28,122
3. Consultants	$1	$1	$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	$1	$0	$0
5.(a) Supplies - Educational	$0	$0	$0	$1
5.(b) Supplies - Lab	$0	$1	$0	$0
5.(c) Supplies - Pharmacy	$0	$0	$0	$0
5.(d) Supplies - Medical	$0	$1	$0	$0
6. Travel	$0	$1	$511	$730
7. Software	$0	$1	$0	$1
8. (a) Other - Marketing/Communications	$1	$1	$0	$0
8. (b) Other - Education and Training	$1	$1	$0	$1
8. (c) Other - Other (Office Supplies)	$0	$1	$0	$1
Other (MRC Maintanence)	$0	$0	$0	$0
Other (Inventory Project)	$0	$0	$0	$0
Other (MRC Volunteer Liability)	$0	$0	$0	$0
Other (please specify)	$0	$1	$0	$0
Other (please specify)	$0	$1	$0	$0
9. Subrecipient Contracts	$12,000	$0	$0	$0
Total Direct Costs	$25,974	$72,382	$8,657	$114,857
Total Indirect Costs	$4,026	$11,218	$1,343	$17,803
Subtotals	$30,000	$83,600	$10,000	$132,660
			TOTAL	$256,260

Contractor Initial: SL (DS)

Date: 3/25/2024

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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: **0006201297**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of April A.D. 2023.

David M. Scanlan

Secretary of State

Dartmouth Health

Dartmouth-Hitchcock Boards of Trustees

CERTIFICATE OF VOTE/AUTHORITY

I, Roberta L. Hines, MD, do hereby certify that:

1. I am the duly elected Chair of the Boards of Trustees of Mary Hitchcock Memorial Hospital and Dartmouth-Hitchcock Clinic (together, "Dartmouth-Hitchcock").
2. The following is a true and accurate excerpt from the Amended, Restated and Integrated Bylaws of the Dartmouth-Hitchcock Corporations:
    a. **"ARTICLE II – Section A. Fiduciary Duty. Stewardship over Corporate Assets.** As responsible stewards of tax-exempt, charitable Corporations, members of the Corporations' Boards have the fiduciary duty to oversee, with due care and loyalty, the stewardship of the Corporations' assets and operations in order to create a sustainable health system that is population focused and value-based, and to advance their respective corporate purposes. In exercising this duty, the Boards may, consistent with the respective Corporation's Articles of Agreement and these Bylaws, delegate authority to Board Committees and other bodies, or to various officers, to provide 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 Corporations as may be necessary or desirable in furtherance of their charitable purposes."
3. Pursuant to policy approved and adopted by the Boards of Trustees consistent with the above Bylaws provision, the Chief Clinical Strategy Officer, Stephen J. LeBlanc, has subdelegated signature authority to enter into contracts and agreements on behalf of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital.
4. 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 Boards of Trustees of Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital this 22nd day of March, 2024.

Roberta L. Hines, MD, Board Chair

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CERTIFICATE OF INSURANCE

DATE: June 29, 2023

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		0002023-A	7/1/2023	7/1/2024	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		0002023-A	7/1/2023	7/1/2024	EACH CLAIM	$1,000,000
X	CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
	OCCURENCE					
OTHER						

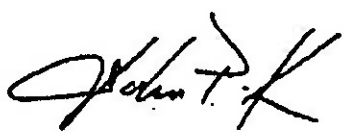
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

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, 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 LSTILES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2023

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 # 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 #
	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						X PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐	N/A		AGC4066562	7/1/2023	7/1/2024	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
SEE ATTACHED ACORD 101

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

Pamela J. Keaney

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AGENCY CUSTOMER ID: DARTHIT-01 LSTILES

LOC #: 1

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	License # 1780862	NAMED INSURED
HUB International New England		Dartmouth-Hitchcock Health 1 Medical Center Dr. Lebanon, NH 03756
POLICY NUMBER		
SEE PAGE 1		
CARRIER	NAIC CODE	EFFECTIVE DATE: SEE PAGE 1
SEE PAGE 1	SEE P 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Mt. Ascutney Hospital and Health Center
Visiting Nurse Associates and Hospice of Vermont and New Hampshire

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About Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics

Dartmouth Hitchcock Medical Center and Clinics—members of Dartmouth Health (https://www.dartmouth-health.org)—include Dartmouth Hitchcock Medical Center, the state's only academic medical center, and Dartmouth Hitchcock Clinics, which provide primary and specialty care 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.

Who are Dartmouth Hitchcock Medical Center and Dartmouth Hitchcock Clinics?

Dartmouth Hitchcock Medical Center

Dartmouth Hitchcock Medical Center is the state's only academic medical center, and the only Level I Adult and Level II 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. In 2022, Dartmouth Hitchcock Medical Center was named the #1 hospital in New Hampshire by U.S. News & World Report (https://health.usnews.com/best-hospitals/area/nh), and recognized as high performing in 2 adult specialties, Cancer and Neurology/Neurosurgery, as well as in 12 common adult procedures and conditions.

Dartmouth Hitchcock Clinics

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Dartmouth Hitchcock Clinics provide primary and specialty care throughout New Hampshire and Vermont, with major community group practices in Lebanon, Concord, Manchester, Nashua, and Keene, New Hampshire, and Bennington, Vermont.

Children's Hospital at Dartmouth Hitchcock Medical Center

Children's Hospital at Dartmouth Hitchcock Medical Center 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 Dartmouth Hitchcock Medical Center.

Norris Cotton Cancer Care Pavilion Lebanon

Norris Cotton Cancer Care Pavilion Lebanon (https://cancer.dartmouth.edu/), one of only 53 NCI-designated Comprehensive Cancer Centers in the nation, is one of the premier facilities for cancer treatment, research, prevention, and education.

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.

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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
- Commitment
- Transparency
- Trust
- Teamwork
- Stewardship
- Community

About Dartmouth Health (https://www.dartmouth-health.org/)

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Dartmouth-Hitchcock Health and Subsidiaries

Consolidated Financial Statements
June 30, 2022 and 2021

DocuSign Envelope ID: 68A442D5-1D97-4FEB-8561-D315C3BDBB99

Dartmouth-Hitchcock Health and Subsidiaries
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June 30, 2022 and 2021

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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
T: (617) 530 5000, F: (617) 530 5001, www.pwc.com/us

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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.

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

Dartmouth-Hitchcock Health and Subsidiaries
Notes to Consolidated Financial Statements
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	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	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 2,056	$ 66,827	$ 20,185	$ 38,416	$ 28,467	$ 11,327	$ -	$ 167,258	$ 24,671	$ -	$ 191,929
Patient accounts receivable, net	-	206,400	16,106	9,817	9,175	5,360	-	246,858	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	18,422	727	3,925	6,846	-	148,492	26,624	-	175,116
Property, plant, and equipment, net	-	585,064	83,087	24,757	45,973	15,528	-	734,387	30,453	-	764,840
Right-of-use assets, net	1,362	35,321	1,630	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	147,626	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	647	-	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	53,846	54,590	48,974	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	53,686	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	$ 11,831	$ 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	24,068	(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	148,699	8,316	6,573	2,526	7,292	78	-	172,163
Total assets	$ 1,171,202	$ 2,228,920	$ 185,740	$ 114,736	$ 77,107	$ 140,720	$ 33,626	$ (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	-	22,146	-	-	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	$ 2,228,920	$ 185,740	$ 114,736	$ 77,107	$ 140,720	$ 33,626	$ (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	DH Obligated Group Subtotal	All Other Non-Oblig Group Affiliates	Eliminations	Health System Consolidated
Assets											
Current assets											
Cash and cash equivalents	$ 1,626	$ 226,779	$ 35,146	$ 41,371	$ 26,814	$ 18,350	$ -	$ 350,286	$ 24,642	$ -	$ 374,928
Patient accounts receivable, net	-	196,350	13,236	6,776	6,699	6,522	-	229,588	2,573	-	232,161
Prepaid expenses and other current assets	23,267	151,336	20,932	2,912	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	380,920	1,039,327	19,016	15,480	18,725	20,195	(169,849)	1,320,914	57,565	-	1,378,479
Notes receivable, related party	645,157	11,789	-	1,010	-	-	(656,926)	1,010	(1,010)	-	-
Other investments for restricted activities	248	111,209	12,212	1,128	4,266	7,899	-	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	2,398	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	$ 865	$ 777	$ 91	$ -	$ -	$ 9,308	$ 99	$ -	$ 9,407
Current portion of right-of-use obligations	354	8,389	656	1,078	197	550	-	11,224	65	-	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	-	158,073	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	435,289	53,306	37,022	36,565	17,981	(205,791)	582,272	7,946	(217)	590,001
Notes payable, related party	-	811,583	-	-	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	5,286	-	-	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 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	6,699	6,620	6,779	2,475	-	232,181
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	146,406	10,286	7,262	2,715	7,534	442	-	177,096
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	$ 885	$ 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	8,848	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	-	48,187
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	120,888	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	4,146	7,527	2,754	(50,711)	518,475	16,731	(1,175)	534,031
Net assets released from restrictions	249	13,299	779	435	193	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	43,268	40,219	28,980	(45,229)	1,293,900	20,422	1,085	1,315,407
Employee benefits	-	256,795	31,781	10,302	7,537	8,240	(5,842)	316,783	3,514	263	322,570
Medications and medical supplies	-	578,581	43,203	12,268	9,946	4,127	-	648,123	1,149	-	649,272
Purchased services and other	25,638	312,373	42,723	15,951	13,088	17,383	(32,862)	394,274	11,398	(1,810)	403,862
Medicaid enhancement tax	-	64,036	9,468	3,980	2,834	2,407	-	82,725	-	-	82,725
Depreciation and amortization	-	64,643	8,771	3,519	4,819	2,359	-	84,111	2,847	-	86,958
Interest	32,536	25,365	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	63,989	(113,463)	2,853,653	39,716	(462)	2,892,907
Operating (loss) margin	(19,148)	(12,619)	(10,598)	13,845	7,997	1,530	2,179	(16,794)	(4,487)	(798)	(22,079)
Non-operating (losses) gains											
Investment losses, net	(8,026)	(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)	(1,841)	(542)	-	1	169	(1,969)	(7,522)	86	798	(6,658)
Total non-operating (losses) gains, net	(11,566)	(48,712)	(602)	(795)	(1,113)	(1,386)	(2,179)	(66,353)	(5,917)	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	-	(27,860)	(4,496)	-	-	48	-	(32,308)	(1)	-	(32,309)
Net assets transferred to (from) affiliates	7,600	(19,385)	4,066	2,571	2,096	795	-	(2,257)	2,257	-	-
Other changes in net assets	-	-	-	-	-	(23)	-	(23)	-	-	(23)
(Decrease) increase in net assets without donor restrictions	$ (23,114)	$ (107,896)	$ (11,578)	$ 15,621	$ 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	$ 236,845	$ 79,754	$ 59,041	$ 99,403	$ 17,301	$ -	$ 2,243,237
Contracted revenue	209	134,388	185	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	-	266,795	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	-	64,843	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	2,406,810	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	480	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	$ 81,814	$ 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	86,546	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	29,964	7,141	6,550	7,668	(5,159)	297,958	3,877	307	302,142
Medications and medical supplies	-	481,863	41,869	8,778	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	(16,065)	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	67,686	8,623	3,386	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)
(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	$ -	$ 1,883,612	$ 230,810	$ 61,814	$ 59,872	$ 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	(39,086)	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	65,875	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	4,508	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)	(348)	2	207	-	918	(821)	(4,233)
Total non-operating (losses) gains, net	(2,317)	191,732	6,516	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	-	1,065	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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MARY HITCHCOCK MEMORIAL HOSPTIAL (MHMH)/ DARTMOUTH HITCHCOCK CLINIC (DHC) \ Combined as DARTMOUTH-HITCHCOCK

BOARDS OF TRUSTEES AND OFFICERS

Effective: January 1, 2024

DARTMOUTH-HITCHCOCK

M. Elyse Allan, MBA *Retired President and Chief Executive Officer of General Electric Canada Company, Inc.*
Geraldine "Polly" Bednash, PhD, RN, FAAN *Adjunct Professor, Australian Catholic University*
Laura M. Chiang, MD *Assistant Professor of Anesthesiology and Critical Care; Vice Chair for Education, Dept. of Anesthesiology and Co-Medical Director, Surgical Intensive Care Unit*
Marcus P. Coe, MD, MS *Associate Professor, Residency Director, Department of Orthopaedic Surgery, Dartmouth Hitchcock Medical Center and Geisel School of Medicine*
Duane A. Compton, PhD *Ex-Officio: Dean, Geisel School of Medicine at Dartmouth*
Joanne M. Conroy, MD *Ex-Officio: CEO & President, Dartmouth-Hitchcock/Dartmouth Health*
Gary V. Desir, MD *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*

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Celestina "Tina" M. Dooley-Jones, PhD *Retired Senior Foreign Service Officer*
Nancy M. Dunbar, MD *Medical Director, Blood Bank* *Department of Pathology and Laboratory Medicine*
Roberta L. Hines, MD MHMH/DHC Boards' Chair *Nicholas M. Greene Professor and Chair, Dept. of Anesthesiology, Yale School of Medicine*
Keith J. Loud, MD – beginning in March 2024 *Chair, Department of Pediatrics and Adolescent Medicine*
Jennifer L. Moyer, MBA *Managing Director & CAO, White Mountains Insurance Group, Ltd*
Sherri C. Oberg, MBA *CEO and Co-Founder of Particles for Humanity, PBC*
David P. Paul, MBA MHMH/DHC Boards' Secretary & Treasurer *Retired President & COO, JBG SMITH*
Mark S. Speers, MBA *Co-founder & Senior Advisor, Health Advances, LLC*

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Jonathan B. Thyng, MD *Medical Director, Dartmouth Hitchcock Clinics Nashua*

DARTMOUTH HEALTH

Mark W. Begor, MBA *Chief Executive Officer, Equifax*
Joanne M. Conroy, MD *Ex-Officio: CEO & President, Dartmouth-Hitchcock/Dartmouth Health*
Thomas P. Glynn, PhD *Adjunct Lecturer, Harvard Kennedy School of Government*
Charles G. Plimpton, MBA Dartmouth Health Board Treasurer & Secretary *Retired Investment Banker*
Richard J. Powell, MD *Section Chief, Vascular Surgery; Professor of Surgery and Radiology*
Thomas Raffio, MBA, FLMI *President & CEO, Northeast Delta Dental*
Edward Howe Stansfield, III, MA Dartmouth Health Board Chair *Retired Senior Financial Advisor, Resident Director, of Bank of America/Merrill Lynch*

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Paul A. Taheri, MD, MBA *Clinical Partner – Welsh Carson Anderson and Stowe*
Pamela Austin Thompson, MS, RN, CENP, FAAN *Chief executive officer emeritus of the American Organization of Nurse Executives (AONE)*

Exec/Governance Oversight:
Kimberley A. Gibbs (603/650-8779)
Director, Executive Administration and Exec/Governance
One Medical Center Drive, Lebanon, NH 03756
kimberley.a.gibbs@hitchcock.org

Administrative Support:
Claire M. Lillie (603/650-5244)
Exec. Coordinator for Exec/Governance & Leadership
claire.m.lillie@hitchcock.org

Laura K. Rondeau (603/650-5706)
Exec. Coordinator for Exec/Governance & Leadership
laura.k.rondeau@hitchcock.org

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Taralyn Bielaski

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

- Support system wide food and nutrition access initiatives: shelf stable food bags, Farmacy garden, FoodRx
- Support perinatal food and nutrition access initiatives: home delivered nutritionally tailored meals, home delivered healthy groceries, frozen nutritionally tailored meals available in clinic, farm shares
- Secured funding to add a pollinator garden to the Farmacy garden, a produce garden onsite at DHMC that is managed by Willing Hands, a partner who distributes the produce harvested to the community.
- Assisted the implementation of the fresh food pantry imbedded in Dartmouth Cancer Center. Continued support for one year
- Developed and implemented an internal system-wide food access group: DH Food Champions
    - Meet quarterly to discuss food access initiatives across the system.
- 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

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- 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

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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

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Courses taken related to the PHN work:

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
- APHA Annual Conference

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STEPHEN **BELMONT**

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

SEPTEMBER 2023-PRESENT
MANAGER OF PUBLIC HEALTH EMERGENCY MANAGEMENT- GREATER SULLIVAN COUNTY, DARTMOUTH HITCHCOCK MEDICAL CENTER
PROMOTED TO MANAGER TO REFLECT INCREASED RESPONSIBILITY AND EXPANDED ROLE WITHIN THE TEAM. ADDITIONAL DUTIES INCLUDE ASSISTING WITH HIRING PROCESS, MENTORING, ONBOARDING AND TRAINING.

JUNE 2023 – PRESENT
PROJECT ASSISTANT –CENTER FOR ADVANCING RURAL HEALTH EQUITY
DARTMOUTH HITHCHCOCK MEDICAL CENTER
ASSSIT WITH CARHE INITIATIVES INCLDUING SPEAKER EVENTS, CONFERENCES AND DATA COLLECTION. CONDUCT OUTREACH TO COMMUNITY MEMBERS AND STAKEHOLDERS. PROVIDE WRITTEN AS WELL AS VERBAL REPORTS TO THE MANAGER.

DECEMBER 2020- 2023
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

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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.

EDUCATION

08/2022- PRESENT

MASTERS IN BUSINNESS ADMINSTRATION, SOUTHERN NEW HAMPSHIRE UNIVERSITY

NATIONALLY ACCREDITED MBA PROGRAM INCLUDING SEVERAL INDUSTRY RECOGNIZED CERTIFICATE PROGRAMS IN COACHING, MENOTRING, LEADERSHIP.

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 & CERTIFICATIONS

I am passionate about providing, training and modeling exceptional public service to all coworkers, employees and the local communities. I provide leadership as Medical Reserve Corp Unit Leader and enjoy working closely with administration for oversight of recruitment, orientation, training and supervision of all volunteers. I enjoy collaborating with community partners and stakeholders to achieve

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common goals. 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.

- Greater Sullivan County MRC Unit Leader
- Vermont EMS for Children- Pediatric Care Coordinator
- American Institute of CPAs Certificate- Coaching V Mentoring
- NACCHO
    - NACCHO MRC Work Group
- Successful grant application for Regional Public Health Network contract with State of NH.
- Yellow Belt Certification
- Nationally Registered Paramedic
- The National Society of Leadership and Success

TRAINING:

- October 2019 VT EMS District 8 MCI Training for EMS providers –Coordinator
- American Red Cross Shelter Operations
- FEMA Incident Command Systems (ICS)
    - ICS 100
    - ICS 200
    - ICS 700
    - ICS 800
- HSEEP
- Medical Countermeasures: Point of Dispensing (POD), Planning and Response
- American Red Cross Shelter Manager training

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HANNA BROOKS

SUMMARY

High-energy lifelong learner seeking to continuously improve strengths in:

Creative Problem Solving	Leadership	Active Listening
Interpersonal Communication	Teamwork & Collaboration	Youth Engagement

Skilled at: Video Platforms (WebEx, Zoom, Google Meets); Social Media; Google Docs / Sheets; and Microsoft Office (Word, Excel, PowerPoint, and Outlook).

EXPERIENCE

DARTMOUTH-HITCHCOCK MEDICAL CENTER, Lebanon, New Hampshire 2022-present
Community Health Partnership Coordinator

- Connecting with state-wide regional public health networks to collaborate and share community health resources.
- Providing free community trainings through NAMI NH and the National Council for Mental Wellbeing.
- Mentoring youth ages 10-18 through providing autonomous programs and supporting school clubs.

HEALTH CARE & REHABILITATION SERVICES (HCRS), Brattleboro, Vermont 2021-2022
Behavioral Interventionist

- Supported clients 1:1 on challenging behaviors in school-based setting, including:
  - established relationships within school community and with client families to further support behavioral goals.
  - taught 5-year-old client skills that enabled him to start kindergarten a year earlier than anticipated;
  - recorded data into Credible for analysis under supervision of Board Certified Behavioral Analyst (BCBA); and
  - ensured safe, secure, and structured environment by setting clear boundaries and demonstrating commitment.

NORTHWOODS WILDERNESS THERAPY, Medford, Wisconsin 2019-2021
FIRST LIGHT WILDERNESS THERAPY, Clayton, Georgia 2020
NEW VISION WILDERNESS NORTHWOODS, Medford, Wisconsin 2019-2020
Field Instructor

- Started working with the then-named New Vision Wilderness (2019); helped create new branch in Clayton, Georgia; and managed and mentored coworkers by modeling policies, procedures, and culture.
- Built rapport by utilizing practiced empathy and attunement towards at-risk youth in nature setting.
- Facilitated morning and night check-ins centered within healthy therapeutic atmosphere.
- Administered and catalogued prescribed medications to adolescents on daily basis.

STUDENT CONSERVATION ASSOCIATION AND AMERICORPS, Hawley, Massachusetts 2018-2019
Corps Member & Crew Leader

- Created accessible trails for more-vulnerable people and improved and maintained trails.
- Taught environmental education and other science topics to local elementary school students.
- Helped with high-priority conservation projects, such as trail maintenance, historical structure preservation, and invasive-species eradication; and participated in trainings, including Leave No Trace and Project WILD.

CLIFF HANGERS CLIMBING, Mooresville, North Carolina 2017-2018
Operations Ambassador & Front Desk Associate

- Used Rock Gym Pro customer relationship management (CRM) software to track memberships, retail purchases, and attendance; discussed membership opportunities; and recommended and helped with retail equipment sales.

CIRCLE K CLUB, Chapel Hill, North Carolina 2016-2017
Service Chair (2016); Secretary (2017)

- Supervised member attendance and topics discussed during club meetings.
- Corresponded to members promptly through bi-weekly emails of updated club information.
- Contacted local organizations to establish volunteer opportunities.

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EDUCATION

UNIVERSITY OF NORTH CAROLINA, Chapel Hill - ***Bachelor of Arts in Psychology, 2017***

- Served as Research Assistant for the Cognition & Addiction Behavioral Neuroscience Lab:
  - facilitating academic research through advertising, recruiting, and managing participants for behavioral studies;
  - aiding fellow researchers in fMRI studies by conducting psychological screenings; and
  - managing lab's Facebook presence, exploring online research publications to post current scientific research.
- Served as Research Assistant for the Mind Perception & Morality Lab (2016-2017):
  - coordinating research studies through planning, scheduling and testing participants; and
  - demonstrating Microsoft Excel proficiency through coding and interpreting data.

MITCHELL COMMUNITY COLLEGE, Statesville, North Carolina – ***Associate in Arts, 2015***

- Graduated high school and earned Associate of Arts degree simultaneously through Early College Program.

INTERESTS & HOBBIES

Mental health, sustainability, environmental conservation, nature, hiking, meditating, reading, music, fitness

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LAUREN E. CHAMBERS

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.

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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

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Nancy E. Kreis

RELEVANT EXPERIENCE

Dartmouth Health, Community and Population Health August 2023 – Present

Public Health Emergency Preparedness Coordinator, Upper Valley Region, NH

- Build and maintain relationships with various community and regional partners
- Oversee and coordinate COVID and Influenza vaccination clinics
- Disseminate communications and data to community partners about statewide and health-related emergencies
- Provide written and verbal reports to colleagues, supervisor, and state-level leadership
- Serve as Medical Reserve Corp Unit Leader for the only bi-state unit in the nation, working closely with VT counterparts
- Attend and participate in relevant training including; POD training, FEMA trainings, Shelter Operations, Cultural competency and access and functional needs training, etc.

Albany College of Pharmacy and Health Sciences December 2021 – July 2023

Experiential Education Office Coordinator, Albany, NY

- Provide administrative services and improve operational efficiency by streamlining processes
- Oversee voucher process for external partners and serve as point of contact for general inquiries as well as learning management system questions

SUNY Albany, College of Emergency Preparedness, Homeland Security & Cybersecurity June 2019 – December 2021

Training Coordinator, Albany, NY

- Convened and collaborated with over 40 external partners to offer 77 separate training opportunities over the course of one semester
- Developed evaluation benchmarks and leveraged strong project management strategies to ensure continuity and timely achievement of programmatic goals
- Oversaw the strategic direction and day-to-day operations of a training program for approximately 500 undergraduates
- Partnered with local American Red Cross chapter to develop and implement a volunteering program engaging students in Disaster Action Team and community preparedness opportunities
- Supervised undergraduate student assistants, interns, and graduate assistants
- Managed annual training program budget

VOLUNTEER EXPERIENCE

Consortium for Humanitarian Service and Education, 'Hope' Field Training Exercises (LINK)

- Mentored small teams of exercise participants including nursing and disaster management students to support their success
- Held a variety of roles across seven full simulation, multi-day exercises: Incident Command Post Lane Planner (2022), Incident Command Post Lane Controller/Evaluator (CE) and Continuity Officer (2017, 2019), Team CE (2019 x2), Deputy Team CE (2018), and Participant (2017)
- Aided in the development of the Incident Command Post lane including training objectives, training injects, risk assessments, and coordinating the participation of subject-matter experts

American Red Cross of Northeastern New York

- Volunteered for efforts such as standardization of sheltering trailers, tabling at community engagement events, response to Disaster Action Team calls. Completed a sheltering deployment in 2021 following Hurricane Ida.

EDUCATION

University at Albany, State University of New York May 2019

Bachelor of Arts in Emergency Preparedness, Homeland Security and Cybersecurity

Ben-Gurion University of the Negev January 2018 - July 2018

Study Abroad and Intensive Hebrew Language Program in Beer Sheva, Israel

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ANDREA E. SMITH

SUMMARY OF QUALIFICATIONS

A proven leader and academic with over 12 years of experience in the nonprofit/healthcare field seeking the position of Community Health Partnership Coordinator with Dartmouth-Hitchcock Medical Center.

PROFESSIONAL EXPERIENCE

Senior 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.

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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.

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.

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

Public Health Council of the Upper Valley, Board Member (January 2024-Present)
NACCHO, Behavioral Health Workgroup Member (July 2023-Present)
Children's Center of the Upper Valley, Board Member (March 2021-June 2023)
Canton-Potsdam Hospital Guild, Board Member (September 2017-January 2020)
LIFE: Literary is for Everyone, Tutor (July 2017-January 2020)

CERTIFICATIONS/TRAININGS

Adult Mental Health First Aid Instructor (2023-Present)
Certified Prevention Specialist (August 2022-Present)
Youth Mental Health First Aid Instructor (2021-Present)
Connect Suicide Prevention Trainer (2021-Present)

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EDUCATION

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

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DERYN SMITH, MPH, CPS

EDUCATION

Bachelor of Science in Business Administration, University of New Hampshire 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 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 and mental health 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.
- Conducts stakeholder interviews and focus groups 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 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 and recruit for events.
- Engaged in event promotion activities and developed a donor base for the organization.
- Conducted event planning with the development team.

CERTIFICATIONS

- Became a Certified Prevention Specialist in July of 2023.
- Certified to teach Adult Mental Health First Aid, Youth Mental Health First Aid, and NAMI's Connect Suicide Prevention trainings.

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KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services

Contractor Name: **Mary Hitchcock Memorial Hospital, Upper Valley and Greater Sullivan RPHN**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Taralyn Bielaski	Community Health Partnership Coo	15.00%	$ 8,586.15
Stephen Belmont	Manager, Public Health Emergency	100.00%	$ 63,689.60
Hanna Brooks	Community Health Partnership Coo	100.00%	$ 52,520.00
Lauren Chambers	Senior Community Health Partners	100.00%	$ 61,256.00
Nancy Kreis	Public Health Emergency Prepared	100.00%	$ 61,526.40
Andrea Smith	Senior Community Health Partners	100.00%	$ 61,339.20
Deryn Smith	Community Health Partnership Coordinator, SMP Coordinator for GSC	50.00%	$ 27,580.50

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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	158056	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 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 - 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 - Capital 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

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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 - Capital 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 #177877-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 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
Name: Patricia M. Tilley
Title: Director

Mary Hitchcock Memorial Hospital

1/16/2023
Date

DocuSigned by:
Edward J. Merrens, MD
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
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:

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	$8,276	$48,887	$5,298	$107,410	$8,247	$4,634	$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	$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	$450	$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	$180,970
Total Direct Costs	$43,290	$25,973	$72,381	$8,657	$175,833	$21,645	$12,987	$180,983
Total Indirect Costs	$6,710	$4,027	$11,219	$1,343	$27,254	$3,355	$2,013	$3,878
Subtotals	$50,000	$30,000	$83,600	$10,000	$203,087	$25,000	$15,000	$184,859
							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	$8,351	$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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GAC

41

Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

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

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

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	$828,504
		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: 8/18/2021
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 # 185635-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 # 165835-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 #U3REP190560

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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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 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.

Contractor Initials EM

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 6/17/2022

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.

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Date 6/7/2022

DocuSign Envelope ID: 8808302F-0C9E-4D52-BE1A-3987B9A4A4F3

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.

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.

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.

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 (7/1/23-6/30/23)
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	$9,775	$35,086	$5,296	$107,410	$8,247	$4,634	$1
2. Fringe Benefits	$4,105	$3,631	$11,157	$1,884	$34,156	$1,963	$1,474	$1
3. Consultants	$5,086	$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	$13,403	$1	$1
5.(d) Supplies - Medical	$1	$1	$1	$1	$1	$1	$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	$8,007	$1	$1	$1
8. (b) Other - Education and Training	$1	$1	$900	$1	$2,156	$1	$1	$1
8. (c) Other - Other (specify below)								
Other (MRC member liability insurance reimbursement)	$0	$0	$0	$1,686	$0	$0	$0	$0
Other (SPPPA - Laptop 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	$12,875
Total Direct Costs	$43,290	$29,973	$47,435	$8,857	$175,833	$21,845	$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	$34,000	$54,787	$10,000	$203,087	$25,000	$15,000	$15,000
							TOTAL	$402,874

Contractor Initials EM
Date 6/7/2022

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	$8,501	$1	$1	$1	$8,500	$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/Communication	$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 (NHC 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	$8,656	$175,032	$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

Contractor Initials EM
Date 5/7/2022

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	$40,883	$5,359	$110,844	$8,351	$5,990
2. Fringe Benefits	$2,607	$3,505	$13,033	$1,704	$35,280	$2,888	$1,905
3. Consultants	$8,500	$1	$1	$1	$8,500	$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	$338	$5,585	$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 (MHC 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	$58,278	$8,657	$175,833	$21,845	$12,887
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

DS
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% BOAS)	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	$8,500	$1	$1	$1	$5,000	$1,747
4. Equipment *Indirect cost may 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	$348	$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
EM
Contractor Initials
6/7/2022
Date

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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

6/7/2022
Date

DocuSigned by:
Edward Merrens
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

DS
EM
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 (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

DS
EM
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.

DS
EM
Contractor Initials _____

Date 6/7/2022

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

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

DocuSigned by:
Edward Merrens

6/7/2022
Date

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.

Contractor Initials DS EM

Date 6/7/2022

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.

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.

Contractor Initials EM

Date 6/7/2022

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

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: _____

Contractor Initials EM (DS)

Date 6/7/2022

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.

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 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

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

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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

Contractor Initials DS EM

Date 6/7/2022

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

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,605,696

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.12.11, to read:

   1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

5. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

6. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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. Uploading, at least annually, a complete inventory to a Health Information Management System (HIMS) identified by the Department.

   1.2.11.1.19.2. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.3. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.4. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.5. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

1.2.11.1.19.6. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.7. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.7.1. Trailer maintenance, comprising routine inspections, tire replacements, etc.;

1.2.11.1.19.7.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.7.3. Registration or inspection fees (if applicable).

1.2.11.1.19.8. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.9.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.9.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.9.4.2. Stop the Bleed.

1.2.11.1.19.9.4.3. Sheltering training and drills.

1.2.11.1.19.9.4.4. Triage training and drills.

1.2.11.1.19.9.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.9.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.9.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.9.5. Reimburse mileage at the IRS-approved rate.

7. Modify Exhibit B, Scope of Services, Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 Professional liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.3.3 Provide coverage for 24 months

1.2.11.2.3.3.1 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.4 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.5 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.6 MRC STTRONG funds must be spent by May 31, 2025.

8. Modify Exhibit B, Scope of Services, Section 2, to read:

2. Reporting Requirements

2.1 The RPHN must complete report annually, due by June 30th, which includes the following:

2.1.1. Number of new policies purchased and reimbursed.

2.1.1.1. By license level.

2.1.1.2. The coverage effective period(s).

2.1.2. Number of renewal policies purchased and reimbursed.

2.1.2.1. By license level.

2.1.2.2. The coverage effective period(s).

2.1.3. Number of policies upgraded due to license level changes.

2.1.4. Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

2.1.5. Number of individuals who became an MRC volunteer because professional liability insurance was provided.

2.1.6. Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

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

1. This Agreement is funded by:

1.1. 97% 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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 3% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

11. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the Central New Hampshire Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later

than 20 business days from Governor and Council approval for this Amendment #2.

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

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

State of New Hampshire
Department of Health and Human Services

3/21/2024
Date

DocuSigned by:
Iain Watt
Name: Iain.N.watt@dhhs.nh.gov
Title: Interim Director - DPHS

Mid-state Health Center

3/21/2024
Date

DocuSigned by:
Robert Macleod
Name: rmacleod@midstatehealth.org
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/23/2024
Date

DocuSigned by:
Robyn Guarino
Name: Robyn.A.Guarino@doj.nh.gov
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: 1ED872BD-0939-45C9-8927-074BBDED75DF

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: **0006592367**

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 March A.D. 2024.

David M. Scanlan

Secretary of State

DocuSign Envelope ID: 1ED872BD-0939-45C9-8927-074BBDED75DF

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 February 27, 2024, 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: 2/27/24

Signature of Elected Officer
Name: Carina Park
Title: Board of Directors Secretary

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CERTIFICATE OF LIABILITY INSURANCE

Date: 09/10/23

Administrator:
New England Special Risks, Inc.
19 Oyster Way
Mashpee, Ma. 02649
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	10/1/2023	10/1/2024	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	$	
	Excess Liability ☐ Occurrence ☐ Claims Made ☐ Deductible ☐ Retention $				Each Occurrence	$	
					Aggregate	$	
						$	
						$	
						$	
B	**Workers Compensation and Employers' Liability**	600-4000079-2021	10/1/2023	10/1/2024	☑ Statutory Limits ☐ Other		
					E.L. Each Accident	$	500,000
					E.L. Disease-Ea. Employe	$	500,000
					E.L. Disease - Policy Limit	$	500,000
A	**Healthcare Professional Liability**	HN 030313	10/1/2023	10/1/2024	Per Incident-$1,000,000 Aggregate-$3,000,000		

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current Insurance for the Insured.

Certificate Holder

State of New Hampshire
Department of Health and Human Services
129 Pleasant St.
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

Samuel Pilotin

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MID-STATE HEALTH CENTER

Where your care comes together.

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, assessable to all regardless of the ability to pay.

Mid-State Health Center | midstatehealth.org
Locations in Plymouth, Bristol, and Lincoln, New Hampshire
Mailing Address: 101 Boulder Point Drive, STE 1, Plymouth NH 03264
P: 603-536-4000 | F: 603-536-4001

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2023 and 2022

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2023

and

Independent Auditors' Report

MID-STATE
HEALTH CENTER

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MID-STATE HEALTH CENTER AND SUBSIDAIRY

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TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Audit of the Consolidated Financial Statements

Opinion

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, 2023 and 2022, 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.

In our opinion, the consolidated financial statements present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2023 and 2022, 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.

Basis for Opinion

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. 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 Mid-State Health Center and Subsidiary 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 opinions.

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 Mid-State Health Center and Subsidiary's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Tyler, Simms & St. Sauveur, CPAs, PLLC • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

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Auditor's 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 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 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 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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating information and 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*, 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 consolidating information and schedule of expenditures of federal awards are fairly stated, in all material respects, in relation to the financial statements as a whole.

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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 27, 2023 on our consideration of Mid-State Health Center and Subsidiary's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is 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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary's internal control over financial reporting and compliance.

Tyler, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2023 and 2022

	2023	2022
Assets		
Current assets		
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Restricted cash	118,618	105,053
Patient services receivable, net	1,546,815	1,896,109
Government grants receivable	299,125	179,739
Contract and other receivables	3,078,552	987,475
Promises to give	350,000	20,000
Prepaid expenses and other current assets	217,119	174,803
Total current assets	8,697,364	6,310,280
Long-term assets		
Property and equipment, net	11,828,250	10,512,775
Right-of-use assets	389,090	-
Other assets	42,424	42,424
Total long-term assets	12,259,764	10,555,199
Total assets	$ 20,957,128	$ 16,865,479
Liabilities and net assets		
Current liabilities		
Accounts payable	$ 738,404	$ 461,545
Construction payable	178,515	602,083
Accrued expenses and other current liabilities	1,215,914	1,088,357
Refundable advance	-	481,194
Current portion of long-term debt	323,802	609,219
Current portion of right-of-use obligations	147,758	-
Total current liabilities	2,604,393	3,242,398
Long-term liabilities		
Lease deposits	7,700	7,700
Long-term debt, less current portion	7,332,876	5,669,085
Right-of-use obligations, less current portion	247,323	-
Total long-term liabilities	7,587,899	5,676,785
Total liabilities	10,192,292	8,919,183
Commitments and contingencies (See Notes)		
Net assets without donor restrictions	10,764,836	6,945,055
Net assets with donor restrictions	-	1,001,241
Total net assets	10,764,836	7,946,296
Total liabilities and net assets	$ 20,957,128	$ 16,865,479

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, 2023 and 2022

	2023	2022
Operating revenues and other support without donor restrictions		
Net patient services revenue	$ 9,522,890	$ 8,827,222
Contract revenue	2,769,654	2,857,536
Other operating revenue	946,846	862,683
Government grants	5,335,011	3,821,629
Contributions	166,520	24,555
Net assets released from restrictions for operations	20,000	20,000
Total operating revenues and other support without donor restrictions	18,760,921	16,413,625
Operating expenses		
Salaries and wages	10,128,890	9,039,416
Employee benefits	2,499,289	2,110,148
Insurance	93,225	81,655
Professional fees	1,801,879	1,344,594
Supplies and expenses	3,338,766	2,749,863
Depreciation and amortization	480,624	321,467
Interest expense	241,160	183,773
Total operating expenses	18,583,833	15,830,916
Operating income	177,088	582,709
Nonoperating income		
Employee retention credits, including interest	2,454,610	-
Employee retention credit professional fees	(228,821)	-
Contributions for capital acquisitions	435,663	
Net assets released from donor restrictions for capital acquisitions	981,241	-
Total nonoperating income	3,642,693	-
Increase in net assets without donor restrictions	3,819,781	582,709
Changes in net assets with donor restrictions		
Contributions	-	981,241
Net assets released from donor restrictions	(1,001,241)	(20,000)
Increase in net asset with donor restrictions	(1,001,241)	961,241
Increase in net assets	2,818,540	1,543,950
Net assets, beginning of year	7,946,296	6,402,346
Net assets, end of year	$ 10,764,836	$ 7,946,296

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, 2023

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Phys. and Occup. Therapy	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,611,751	$ 1,001,916	$ 1,044,343	$ 71,572	$ 464,869	$ 495,314	$ 8,689,765	$ 1,379,022	$ 60,103	$ 10,128,890
Employee benefits	1,390,539	270,270	390,335	18,111	116,698	133,349	2,319,302	167,750	12,237	2,499,289
Insurance	62,977	1,285	4,481	2,993	2,696	-	74,432	18,793	-	93,225
Professional fees	1,107,786	64,195	164,523	243,391	3,750	66,363	1,650,008	151,871	-	1,801,879
Supplies and expenses	2,364,728	173,949	102,533	48,038	100,503	145,461	2,935,212	399,554	4,000	3,338,766
Depreciation and amortization	394,241	27,462	26,567	6,724	7,435	-	462,429	18,195	-	480,624
Interest expense	202,800	9,835	18,323	-	-	-	230,958	10,202	-	241,160
Total expenses	$ 11,134,822	$ 1,548,912	$ 1,751,105	$ 390,829	$ 695,951	840,487	$ 16,362,106	$ 2,145,387	$ 76,340	$ 18,583,833

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, 2022

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Phys. and Occup. Therapy	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 5,611,307	$ 717,746	$ 1,030,171	$ 70,849	$ 221,036	$ 193,532	$ 7,844,641	$ 1,139,346	$ 55,429	$ 9,039,416
Employee benefits	1,266,535	167,993	296,298	17,318	67,151	54,870	1,870,165	229,114	10,869	2,110,148
Insurance	51,704	715	3,898	2,480	-	19,676	78,473	3,182	-	81,655
Professional fees	634,368	30,718	248,516	233,888	-	13,803	1,161,293	183,301	-	1,344,594
Supplies and expenses	1,733,096	220,102	93,849	90,905	1,150	202,614	2,341,716	408,147	-	2,749,863
Depreciation and amortization	266,995	23,733	18,622	1,704	-	4,136	315,190	6,277	-	321,467
Interest expense	155,368	8,363	14,635	-	-	2	178,368	5,405	-	183,773
Total expenses	$ 9,719,373	$ 1,169,370	$ 1,705,989	$ 417,144	$ 289,337	$ 488,633	$ 13,789,846	$ 1,974,772	$ 66,298	$ 15,830,916

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, 2023 and 2022

	2023	2022
Cash flows from operating activities		
Increase in net assets	$ 2,818,540	$ 1,543,950
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	480,624	321,467
Amortization of right-of-use assets	64,183	-
Contributions for capital acquisitions	(85,663)	(981,241)
Amortization reflected as interest	8,225	4,426
(Increase) decrease in the following assets:		
Patient services receivable	349,294	(837,453)
Government grants receivable	(119,386)	303,427
Promises to give	(330,000)	20,000
Other receivables	(2,091,077)	(503,832)
Prepaid expenses and other current assets	(42,316)	(66,495)
Increase (decrease) in the following liabilities:		
Accounts payable	276,859	157,767
Accrued expenses and other current liabilities	127,557	(130,279)
Refundable advance	(481,194)	345,669
Lease deposits	-	7,700
Right-of-use obligation - operating leases	(55,936)	-
Net cash provided by operating activities	919,710	185,106
Cash flows from investing activities		
Purchases of property and equipment	(2,189,058)	(1,545,046)
Proceeds from sale of assets	-	95,000
Net cash used in investing activities	(2,189,058)	(1,450,046)
Cash flows from financing activities		
Contributions for capital acquisitions	85,663	981,241
Proceeds on long-term debt	1,862,653	-
Payments on long-term debt	(523,113)	(142,443)
Capitalized debt issuance costs	-	(5,809)
Payments on righto fuse obligation - finance leases	(2,256)	-
Net cash provided by financing activities	1,422,947	832,989
Net incrase (decrease) in cash, cash equivalents and restricted cash	153,599	(431,951)
Cash, cash equivalents and restricted cash, beginning of year	3,052,154	3,484,105
Cash, cash equivalents and restricted cash, end of year	$ 3,205,753	$ 3,052,154

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, 2023 and 2022

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	2023	2022
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Restricted cash	118,618	105,053
	$ 3,205,753	$ 3,052,154

Supplemental Disclosures of Cash Flow Information

	2023	2022
Cash payments for:		
Interest	$ 232,935	$ 195,505

Supplemental Disclosures of Non-Cash Information

	2023	2022
Total purchases of property and equipment	$ 1,796,099	$ 3,084,463
Change in construction payables	423,568	(602,083)
Amount purchased through the issuance of long-term debt	(30,609)	(937,334)
Cash purchases of property and equipment	$ 2,189,058	$ 1,545,046

	2023	2022
Total repayments of long-term debt	$ 2,483,627	$ 142,443
Refinanced with long-term debt	(1,960,514)	-
Cash payments on long-term debt	$ 523,113	$ 142,443

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. 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 $250,000. 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 $127,000 and $190,000 for the years ended June 30, 2023 and 2022, 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 15).

(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 childcare 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):

Nonfinancial Contributions

Contributed medical supplies and materials are valued at the estimated fair value on the basis of estimates of wholesale values that would be received for selling similar products in the United States. Contributed services, generally comprised of professional services from medical professionals, are valued and reported at the estimated fair value in the financial statements based on current rates for similar services. Nonfinancial contributions were immaterial in nature during the years ended June 30, 2023 and 2022, none of which were restricted by donors

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 2019.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2023 and 2022 was $56,443 and $57,908, 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.

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1. The Organization and Summary of Significant Accounting Policies (continued):

Fair Value of Financial Instruments

The carrying amount of cash, patient services receivable, accounts and notes payable and accrued expenses approximates fair value.

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.

Change in Accounting Principle

In February 2016, the FASB issued Accounting Standard Update 2016-02, Leases (Topic 842). Under the new guidance, lessees are required to recognize the following for all leases (with the exception of leases with a term of 12 months or less) at the commencement date: (a) a lease liability, which is a lessee's obligation to make lease payments arising from a lease, measured on a discounted basis; and (b) a right-of-use asset, which is an asset that represents the lessee's right to use, or control the use of, a specified asset for the lease term. Leases are classified as either operating or finance. Operating leases result in straight-line expense in the statement of operations (similar to previous operating leases), while finance leases result in more expense being recognized in the earlier years of the lease term (similar to previous capital leases). The Organization adopted the new standard on July 1, 2022 using the modified retrospective approach. The Organization elected the transition method that allows for the application of the standard at the adoption date rather than at the beginning of the earliest comparative period presented in the consolidated financial statements. The Organization also elected available practical expedients (Note 9).

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:

	2023	2022
Gross patient services revenue	$ 14,951,330	$ 12,850,488
Less: explicit and implicit price concessions	(5,428,440)	(4,023,266)
Net patient services revenue	$ 9,522,890	$ 8,827,222

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.

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2. Patient Services Revenue and Patient Services Receivable (continued):

Patient services receivable, net of explicit and implicit price concessions, was as follows as of June 30:

	2023	2022
Gross patient services receivable	$ 3,245,021	$ 3,764,909
Less: explicit and implicit price concessions	1,698,206	1,868,800
Patient services receivable, net	$ 1,546,815	$ 1,896,109

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.

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	
	2023	2022	2023	2022
HRSA 330 Grant	$ 2,837,288	$ 2,767,295	$ -	$ -
Provider Relief Funding	725,768	296,317	-	-
Bi-State Primary Care	590,109	151,773	96,118	42,859
Emergency Preparedness Grants	450,242	364,651	96,821	100,458
NH Primary Care Contracts	363,821	133,125	83,527	25,636
CADRE Funding	249,585	-	-	-
Other government grants	118,198	108,468	22,659	10,786
	$ 5,335,011	$ 3,821,629	$ 299,125	$ 179,739

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5. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2023	2022
Land	$ 656,173	$ 656,173
Buildings	11,816,505	8,273,928
Leasehold improvements	821,949	546,840
Furniture, fixtures and equipment	2,232,259	1,795,391
Projects in progress	324,568	2,784,136
	15,851,454	14,056,468
Less: Accumulated depreciation	4,023,204	3,543,693
	$ 11,828,250	$ 10,512,775

Depreciation and amortization expense for the years ended June 30, 2023 and 2022 amounted to $480,624 and $321,467, 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, 2022. During the year ended June 30, 2023, the Organization increased the available line of credit with a maximum borrowing amount of $400,000 maturing March 2024. The line carries an interest rate equal to prime plus 2% (prime was 9.25% as of June 30, 2023). The line is secured by all business assets. The line was not drawn upon as of June 30, 2023 and 2022.

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. The payments were disbursed in four designated periods with the expectation that each period will require a reporting by the organization regarding its use of the funds for qualifying purposes. The funding is 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. Funding received through June 30, 2023 totaled $1,670,618. The Organization recognizes the funding as income as it identifies qualifying revenue drop or COVID related expenditures. For each reporting period, excess qualifying expenses and revenue drop from the Organization's reporting are available to carry over and be used against its subsequent period payments received. For the years ended June 30, 2023 and 2022, the Organization recognized, as government grant income, $725,768 and $296,317 of its total Provider Relief Funding payments. Excess payments as of June 30, 2022, which the Organization had not yet identified qualifying COVID related expenditures or revenue drop for, were carried on the Organization consolidated statement of financial position as a refundable advance and totaled $443,257.

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8. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2023	2022
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 8a).	$ 1,989,470	$ 2,049,550
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%.	157,534	149,359
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%.	2,193,086	2,255,880
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%.	895,900	921,390
USDA Rural Development Community Facility Loan Little Antlers Learning Center construction, maximum of $1,995,000, 30-year amortization of final principal plus interest upon closing.	-	337,334
CAKRP, LLC note payable, maturing September 2026, annual principal payments of $120,000 plus interest accrued at a rate of 3.25% commencing September 2022.	480,000	600,000
United States of America Department of Agriculture note payable, maturing January 2053, principal and interest payable in 360-monthly payments of $7,641. Interest is charged at a rate of 2.25%.	1,973,967	-
Total long-term debt	7,689,957	6,313,513
Less: unamortized deferred financing costs	33,279	35,209
Total long-term debt, net of unamortized deferred financing costs	7,656,678	6,278,304
Less: current portion	323,802	609,219
Long-term debt, less current portion	$ 7,332,876	$ 5,669,085

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8. Long-Term Debt (continued):

8a 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, 2023, the reserve account totaled $118,618, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2023:

2024	$ 323,802
2025	331,987
2026	338,864
2027	345,977
2028	232,786
Thereafter	6,116,541
	$ 7,689,957

9. Leases:

In February 2016, the FASB issued ASU 2016-02 (Topic 842), Leases. Topic 842 supersedes the lease requirements in Accounting Standards Codification Topic 840, Leases. Under Topic 842, lessees are required to recognize assets and liabilities on the balance sheet for most leases and provide enhanced disclosures. Leases will be classified as either finance or operating. The Organization adopted Topic 842 effective July 1, 2022.

The Organization applied Topic 842 to all leases as of July 1, 2022 with comparative periods continuing to be reported under Topic 840. The Organization has elected the practical expedient package to not reassess at adoption: (i) expired or existing contracts for whether they are or contain a lease, (ii) the lease classification of any existing leases or (iii) initial indirect costs for existing leases. The Organization has also elected the policy exemption that allows lessees to choose to not separate lease and non-lease components by class of underlying asset and are applying this expedient to all relevant asset classes.

The Organization determined if an arrangement is or contains a lease at inception of the contract. Right-of-use asset represents a right to use the underlying asset for the lease term and the right-of-use obligation represent the obligation to make lease payments arising from the leases. The right-of-use asset and right-of-use lease obligation are recognized at commencement date based on the present value of lease payments over the lease term. The Organization uses the implicit rate noted within the contract. If not readily available, the Organization uses the 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 right-of-use lease obligation are not recognized for leases with an initial term of 12 months or less and the Organization recognizes lease expense for these leases on a straight-line basis over the lease term within lease as rental expense.

The Organization's operating leases are for leased facilities in Lincoln and Plymouth, N.H. The lease agreements have remaining terms between 24 and 36 months as of June 30, 2023. The Organization considered the lease renewal options when determining the lease term. The Organization's finance lease is for an ultrasound machine with a term of 35 month remaining as of June 30, 2023.

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9. **Leases (continued):**

The components of lease expense are as follows for the year ended June 30, 2023:

Operating lease cost	$	61,764
Variable and short term lease cost (a)		119,896
Total lease and rental expense	$	181,660
Finance lease cost:		
Amortization of property under finance lease	$	2,420
Interest on debt of property under finance lease		345
Total finance lease cost	$	2,765

(a) Includes month-to-month leases, variable payments, and leases with a maturity of less than 12 months.

Supplemental balance sheet information related to leases as of June 30, 2023, are as follows:

Operating leases		
Right-of-use assets	$	366,162
Accumulated amortization		(61,763)
Right-of-use assets, net	$	304,399
Current portion of right-of-use obligations	$	119,976
Long-term right-of-use obligations		190,250
Total right-of-use obligation	$	310,226
Finance leases		
Right-of-use assets	$	87,111
Accumulated amortization		(2,420)
Right-of-use assets, net	$	84,691
Current portion of right-of-use obligations	$	27,782
Long-term right-of-use obligations		57,073
Total right-of-use obligation	$	84,855
Weighted average remaining lease term, years		
Operating leases		2.59
Finance leases		2.92
Weighted average discount rate		
Operating leases		3.51%
Finance leases		4.75%

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9. Leases (continued):

Supplemental cash flow information related to leases for the year ended June 30, 2023, are as follows:

Cash paid for amounts included in the measurement of lease liabilities:

Operating cash flows from operating leases	$ 60,000
Operating cash flows from finance leases	345
Financing cash flows from finance leases	2,256
	$ 62,601

10. Net Assets with Donor Restrictions:

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

	2023	2022
Little Antlers Learning Center	$ -	$ 981,241
Promises to give due in the future	-	20,000
	$ -	$ 1,001,241

11. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consisted of the following as of June 30:

	2023	2022
Cash and cash equivalents	$ 3,087,135	$ 2,947,101
Patient services receivable, net	1,546,815	1,896,109
Government grants receivable	299,125	179,739
Contract and other receivables	3,078,552	987,475
	$ 8,011,627	$ 6,010,424

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 $118,618 and $105,053 as of June 30, 2023 and 2022, 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.

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, 2023 and 2022 were $260,556 and $187,944, respectively.

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13. 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, 2023 and 2022, 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.

14. 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 $187,276 and $101,537 as of June 30, 2023 and 2022, respectively, included under the caption "accrued expenses and other current liabilities". Employee deductible requirements under the Captive Plan range from $1,500 to $3,500.

15. 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 contract revenue within the consolidated statements of operations and totaled $1,813,364 and $1,694,593 for the years ended June 30, 2023 and 2022, respectively.

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15. Commitments and Contingencies (continued):

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 $738,608 and $624,311 for the years ended June 30, 2023 and 2022, respectively.

Employee Retention Credit Program – The CARES Act created the Employee Retention Credit Program (2020 ERC), making it available in 2020, which was designed to encourage entities to keep employees on their payroll despite experiencing economic disruption due to the COVID-19 pandemic. Later, as a result of the Consolidated Appropriations Act (CA Act), the ERC program was extended and expanded for the first three quarters of calendar year 2021 (2021 ERC). The 2020 ERC program allows eligible entities to take a credit against certain employment taxes equal to 50% of up to $10,000 of qualified wages an eligible employer pays to employees in 2020. The 2021 ERC program allows eligible entities to take a credit against certain employment taxes equal to 70% of up to $10,000 of qualified wages an eligible employer pays to employees, for each quarter that the Company meets the applicable ERC eligibility requirements. During the year ended June 30, 2023, the Organization determined that it qualified for the 2020 ERC as well as the 2021 ERC. As a result, the Organization filed ERC claims totaling $2,338,209. As of June 30, 2023, the Organization also reported interest income on the credit claims of $116,401. To calculate and process the ERC claims, the Organization engaged a third party service organization, incurring fees totaling $228,821. The ERC claims have been reflected on the Organization's consolidated statemen to activities for the year ended June 30, 2023 as a nonoperating activity. As of June 30, 2023, the Organization reported a receivable for ERC claims, included on its consolidated statement of financial position as a current asset under the caption "contract and other receivables" in the amount of $2,454,610 as a current asset, included under the caption "other receivable", as it is expected that the Organization will receive the funds within 12 months of the statement of financial position date. The Organization remains subject to audit of its ERC claims, with the statutory period for audit of the quarterly claims ranging between three to five years.

16. Risks and Uncertainties:

The Organization is currently subject to risks and uncertainties resulting from the COVID-19 pandemic. While the Organization acknowledges the matter may negatively impact its results, the extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on future developments. Management believes that the Organization has taken appropriate actions to respond to and mitigate any negative impact COVID-19 may present.

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16. Risks and Uncertainties (continued):

Significant sources of governmental assistance received in response to COVID-19, were as follows as of and for the years ended June 30:

	2023	2022
Recognized as grant and other income, net of fees:		
Employee retention credits, including interest	$ 2,454,610	$ -
Employee retention credit professional fees	(228,821)	-
HRSA 330 - American Rescue Plan Act	817,291	1,105,200
HRSA Provider Relief Funding	725,768	296,317
CARES Act benefits included in increase (decrease) in net assets	3,768,848	1,401,517
Liabilities reported:		
Refundable Advance - Provider Relief Funding	$ -	$ 443,257
Economic Injury Disaster Loan	157,534	149,359
Advance payments and long-term debt in total liabilities	$ 157,534	$ 592,616

17. 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 patient service revenue from patients and third-party payors was as follows at June 30:

	2023	2022
Medicare	32%	28%
Medicaid	16%	20%
Blue Cross	21%	18%
Patients	6%	10%
Other third-party payors	25%	24%
	100%	100%

18. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2023 through November 27, 2023, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Health and Human Services:				
Health Center Program Cluster				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ -	$ 515,592
COVID-19 Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,132,376
Total Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)			-	1,647,968
Grants for New and Expanded Services under the Health Center Program	93.527		-	1,259,732
COVID-19 Grants for New and Expanded Services under the Health Center Program	93.527		-	179,173
Total Grants for New and Expanded Services under the Health Center Program			-	1,438,905
Total Health Center Program Cluster			-	3,086,873
COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution	93.498		-	602,752
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI083326	-	238,657
Immunization Cooperative Agreements	93.268	NH23IP922595	-	28,687
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 Comprised of 93.889 & 93.069	NU90TP922018 and U3REP190580	-	55,065

The accompanying notes to financial statements are an integral part of this Schedule.

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Activities to Support State, Tribal, Local and Territorial Health Department Response to Public Health or Healthcare Crises	93.391	NU75OT000031	-	1,870
Preventive Health and Health Services Block Grant	93.991	NB01OT009381	-	15,000
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	-	30,760
Total passed through N.H. Department of Health and Human Services			-	370,039
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	SS-2022-DPHS-04-EXPAN-01	-	194,736
Passed through National Association of County and City Health Officials:				
Medical Reserve Corps Small Grant Program	93.008	MRC RISE 22 - 2159	-	77,500
Total U.S. Department of Health and Human Services			-	4,331,900
U.S. Department of the Treasury:				
Passed through N.H. Department of Health and Human Services and Bi-State Primary Care Association, Inc.:				
COVID-19 Social Impact Partnerships to Pay for Results Act (SIPPRA)	21.017	SS-2022-DPHS-04-EXPAN-01	-	395,373
Total U.S. Department of the Treasury:			-	395,373

The accompanying notes to financial statements are an integral part of this Schedule.

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MID-STATE HEALTH CENTER AND SUBSIDIARY
Schedule of Expenditures of Federal Awards (Continued)
For the Year Ended June 30, 2023

Federal Grantor/Pass-Through Grantor/Program or Cluster Title	Federal Assistance Listing Number	Pass-through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
U.S. Department of Agriculture:				
Community Facilities Loans and Grants	10.766		-	337,334
Total U.S. Department of Agriculture			-	337,334
U.S. Department of Housing and Urban Development:				
Community Development Block Grant/State's Program and Non-Entitlement Grants in Hawaii	14.228		-	85,662
Total U.S. Department of Housing and Urban Development			-	85,662
Federal Communications Commission				
COVID-19 Telehealth Program	32.006		-	115,698
Total Federal Communications Commission			-	115,698
Northern Border Regional Commission				
Northern Border Regional Development	90.601		-	350,000
Total Northern Border Regional Commission			-	350,000
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ -	$ 5,615,967

The accompanying notes to financial statements are an integral part of this Schedule.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2023

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of the Organization under programs of the federal government for the year ended June 30, 2023. The information in this 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). 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, for other than COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution (PRF), 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.

Expenditures for PRF are reported on the Schedule based on guidance issued by the Health Resources & Services Administration. That guidance states that funds received in Periods 4 and 5 from July 1, 2021 through December 31, 2021 and January 1, 2022 through June 30, 2022, respectively, and used during the period of availability of January 1, 2020 to December 31, 2022 and January 1, 2020 to June 30, 2023, respectively, are included on the Schedule for the year ended June 30, 2023.

3. Indirect Cost Rate:

The Organization elected to use the 10% de minimis indirect cost rate.

4. Community Facilities Loans and Grants:

Loans outstanding at the beginning of the year are included in the federal expenditures presented in the Schedule. The balance of the loan outstanding under the Community Facilities Loans and Grants program, federal assistance listing number 10.766, as of June 30, 2023 was $0.

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TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
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 and Subsidiary:

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 and Subsidiary (the Organization), which comprise the consolidated statement of financial position as of June 30, 2023, and the related consolidated 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 27, 2023.

Report on 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 audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization'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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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. 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.

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 consolidated 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.

Tyler, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

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TYLER, SIMMS & ST. SAUVEUR, CPAs, PLLC
Certified Public Accountants & Business Consultants

Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Mid-State Health Center and Subsidiary's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Mid-State Health Center and Subsidiary's major federal programs for the year ended June 30, 2023. Mid-State Health Center and Subsidiary's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Mid-State Health Center and Subsidiary complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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 Mid-State Health Center and Subsidiary 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 each major federal program. Our audit does not provide a legal determination of Mid-State Health Center and Subsidiary's compliance with the compliance requirements referred to above.

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Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance (continued)

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 Mid-State Health Center and Subsidiary's federal programs.

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 Mid-State Health Center and Subsidiary'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 GAAS, *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 Mid-State Health Center and Subsidiary's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary'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 Mid-State Health Center and Subsidiary'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.

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Independent Auditors' Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance in Accordance with the Uniform Guidance (continued)

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.

Tyler, Simms and St. Laurent, CPAs, PLLC

Lebanon, New Hampshire
November 27, 2023

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Schedule of Findings and Questioned Costs

As of and For the Year Ended June 30, 2023

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(es) identified?	____ Yes __X__ No
Significant deficiency(ies) identified?	____ Yes __X__ None reported
Non-compliance 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 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:

Assistance Listing Number	Name of Federal Programs or Clusters
93.224 and 93.527	Health Center Program Cluster
93.498	COVID-19 Provider Relief Fund and American Rescue Plan (ARP) Rural Distribution

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	____ Yes __X__ No

SECTION II - FINANCIAL STATEMENT FINDINGS

No matters are reported.

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters are reported.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 1

As of June 30, 2023

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 2,264,761	$ 822,374	$ -	$ 3,087,135
Restricted cash	118,618	-	-	118,618
Patient services receivable, net	1,546,815	-	-	1,546,815
Government grants receivable	299,125	-	-	299,125
Contract and other receivables	3,080,335	-	(1,783)	3,078,552
Promises to give	-	350,000	-	350,000
Prepaid expenses and other current assets	217,119	-	-	217,119
Total current assets	7,526,773	1,172,374	(1,783)	8,697,364
Long-term assets				
Property and equipment, net	3,236,983	8,591,267	-	11,828,250
Right-of-use assets	4,607,533		(4,218,443)	389,090
Other assets	164,484	-	(122,060)	42,424
Note receivable - MSCDC	716,629	-	(716,629)	-
Total long-term assets	8,725,629	8,591,267	(5,057,132)	12,259,764
Total assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 726,432	$ 13,755	$ (1,783)	$ 738,404
Construction payable	-	178,515	-	178,515
Accrued expenses and other current liabilities	1,199,758	16,156	-	1,215,914
Current portion of long-term debt	66,929	256,873	-	323,802
Current portion of right-of-use obligations	569,412	-	(421,654)	147,758
Total current liabilities	2,562,531	465,299	(423,437)	2,604,393
Long-term liabilities				
Lease deposits	-	129,760	(122,060)	7,700
Long-term debt, less current portion	2,075,370	5,257,506	-	7,332,876
Note payable - MSHC	-	716,629	(716,629)	-
Right-of-use obligations, less current portion	4,035,723	-	(3,788,400)	247,323
Total long-term liabilities	6,111,093	6,103,895	(4,627,089)	7,587,899
Total liabilities	8,673,624	6,569,194	(5,050,526)	10,192,292
Net assets without donor restrictions	7,578,778	3,194,447	(8,389)	10,764,836
Net assets with donor restrictions	-	-	-	-
Total net assets	7,578,778	3,194,447	(8,389)	10,764,836
Total liabilities and net assets	$ 16,252,402	$ 9,763,641	$ (5,058,915)	$ 20,957,128

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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, 2023

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	$ 9,522,890	$ -	$ -	$ 9,522,890
Contract revenue	2,769,654	-	-	2,769,654
Other operating revenue	861,519	589,347	(504,020)	946,846
Government grants	5,335,011	-	-	5,335,011
Contributions	166,520	-	-	166,520
Net assets released from restrictions for operations	20,000	-	-	20,000
Total operating revenues and other support without donor restrictions	18,675,594	589,347	(504,020)	18,760,921
Operating expenses				
Salaries and wages	10,128,890	-	-	10,128,890
Employee benefits	2,499,289	-	-	2,499,289
Insurance	93,225	-	-	93,225
Professional fees	1,801,684	195	-	1,801,879
Supplies and expenses	3,791,365	25,056	(477,655)	3,338,766
Depreciation and amortization	251,351	229,273	-	480,624
Interest expense	86,769	172,367	(17,976)	241,160
Total operating expenses	18,652,573	426,891	(495,631)	18,583,833
Operating income	23,021	162,456	(8,389)	177,088
Nonoperating income				
Employee retention credits, including interest	2,454,610	-	-	2,454,610
Employee retention credit professional fees	(228,821)	-	-	(228,821)
Contributions for capital acquisitions	-	435,663	-	435,663
Net assets released from donor restrictions for capital acquisitions	121,904	859,337	-	981,241
Total nonoperating income	2,347,693	1,295,000	-	3,642,693
Increase in net assets without donor restrictions	2,370,714	1,457,456	(8,389)	3,819,781
Changes in net assets with donor restrictions				
Net assets released from donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Increase in net asset with donor restrictions	(141,904)	(859,337)	-	(1,001,241)
Increase in net assets	2,228,810	598,119	(8,389)	2,818,540
Net assets, beginning of year	5,349,968	2,596,328	-	7,946,296
Net assets, end of year	$ 7,578,778	$ 3,194,447	$ (8,389)	$ 10,764,836

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 3

As of June 30, 2022

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 2,449,831	$ 497,270	$ -	$ 2,947,101
Restricted cash	105,053	-	-	105,053
Patient services receivable, net	1,896,109	-	-	1,896,109
Community benefit grant receivable	-	-	-	-
Government grants receivable	179,739	-	-	179,739
Contract and other receivables	1,058,390	-	(70,915)	987,475
Promises to give	20,000	-		20,000
Prepaid expenses and other current assets	174,803	-	-	174,803
Total current assets	5,883,925	497,270	(70,915)	6,310,280
Long-term assets				
Property and equipment, net	2,775,245	7,737,530	-	10,512,775
Deposits and other assets	164,366	-	(121,942)	42,424
Note receivable - MSCDC	692,110	-	(692,110)	-
Total long-term assets	3,631,721	7,737,530	(814,052)	10,555,199
Total assets	$ 9,515,646	$ 8,234,800	$ (884,967)	$ 16,865,479
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 418,301	$ 114,159	$ (70,915)	$ 461,545
Construction payable	-	602,083	-	602,083
Accrued expenses and other current liabilities	1,072,201	16,156	-	1,088,357
Refundable advance	481,194	-	-	481,194
Current portion of long-term debt	63,596	545,623	-	609,219
Total current liabilities	2,035,292	1,278,021	(70,915)	3,242,398
Long-term liabilities				
Lease deposits	-	129,642	(121,942)	7,700
Long-term debt, less current portion	2,130,386	3,538,699	-	5,669,085
Note payable - MSHC	-	692,110	(692,110)	-
Total long-term liabilities	2,130,386	4,360,451	(814,052)	5,676,785
Total liabilities	4,165,678	5,638,472	(884,967)	8,919,183
Net assets without donor restrictions	5,208,064	1,736,991	-	6,945,055
Net assets with donor restrictions	141,904	859,337	-	1,001,241
Total net assets	5,349,968	2,596,328	-	7,946,296
Total liabilities and net assets	$ 9,515,646	$ 8,234,800	$ (884,967)	$ 16,865,479

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 4

For the Year Ended June 30, 2022

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Operating revenues and other support without donor restrictions				
Net patient service revenues	8,827,222	-	-	8,827,222
Contract revenue	2,857,536	-	-	2,857,536
Other operating revenue	666,127	522,743	(326,187)	862,683
Government grants	3,821,629	-	-	3,821,629
Contributions	24,555	-	-	24,555
Net assets released from restrictions	20,000	-	-	20,000
Total operating revenues and other support without donor restrictions	16,217,069	522,743	(326,187)	16,413,625
Operating expenses				
Salaries and wages	9,039,416	-	-	9,039,416
Employee benefits	2,110,148	-	-	2,110,148
Insurance	81,655	-	-	81,655
Professional fees	1,328,508	16,086	-	1,344,594
Supplies and expenses	3,029,854	28,220	(308,211)	2,749,863
Depreciation and amortization	172,965	148,502	-	321,467
Interest expense	73,046	128,703	(17,976)	183,773
Total operating expenses	15,835,592	321,511	(326,187)	15,830,916
Operating income	381,477	201,232	-	582,709
Changes in net assets with donor restrictions				
Contributions	121,904	859,337	-	981,241
Net assets released from donor restrictions	(20,000)	-	-	(20,000)
Increase in net assets with donor restrictions	101,904	859,337	-	961,241
Change in net assets	483,381	1,060,569	-	1,543,950
Net assets, beginning of year	4,866,587	1,535,759	-	6,402,346
Net assets, end of year	$ 5,349,968	$ 2,596,328	$ -	$ 7,946,296

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MID-STATE
HEALTH CENTER

— BOARD OF DIRECTORS CONTACT LIST —

BOARD OFFICERS (4)

Peter Laufenberg, President
Started: 12/27/2016
Term Exp: 6/30/26

Chelsea Salomon, Vice President
Started; 2/23/2021
Term Exp: 6/30/24

Carina Park, Secretary
Started; 4/24/2019
Term Exp: 6/30/25

Mike Long, Treasurer
Started 5/28/2019
Term Exp: 6/30/25

BOARD MEMBERS, ACTIVE (9)

Joseph Monti, Director
Started; 7/23/2019
Term Exp: 6/30/25

Elizabeth Brochu, Director
Started; 7/26/2022
Term Exp: 6/30/2025

Benoit Lamontagne, Director
Started; 6/22/2021
Term Exp; 6/30/2024

Patti Biederman, Director
Started; 9/27/2022
Term Exp: 6/30/2025

Todd Bickford, Vice President
Started; 12/19/2017Term Exp: 6/30/26

John Scheinman, Director
Started 7/27/2021
Term Exp: 6/30/24

Steven Shaffer, Director.
Started; 11/29/2022
Term Exp: 6/30/2025

Brian Lash, Director
Started; 2/28/2023
Term Exp: 6/30/2026

Brad McCoil, Director
Started; 2/28/2023
Term Exp; 6/30/2026

BOARD MEMBERS, HONORARY (4)

Carol Bears, Director
[redacted]

Ann Blair, Director
[redacted]

James Dalley, Director
[redacted]

Cynthia Standing, Director
[redacted]

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Biographical Sketch – Debra Naro, M.Ed.

Debra A. Naro

[redacted]

EXPERIENCE

CADY, Inc. (Communities for Alcohol- and Drug-free Youth) Plymouth, NH 3/04-present
Executive Director

- Non-profit substance misuse prevention organization serving 18 Central NH communities
  Mission: to prevent and reduce youth alcohol, tobacco, and other drug use
  and to promote healthy environments and promising futures
- Serves as Lead for Public Health Network of Central NH
- Oversight of non-profit operations, finance, and senior management staff
- Program Development and Implementation and Organizational Advancement
- Grant Writer/Grants Management (Federal, State, County, and Private Foundations)
- Public Relations / Community Building / Community Mobilization
- Direct report to CADY Board of Directors

STATE OF NEW HAMPSHIRE, Concord, NH 2000-2006
State Representative / Three Terms Representing Towns of Plymouth and Hebron
Official Appointments:

- House Education Committee
- Public Higher Education Study Committee
- Education Commission of the States, Legislative Representative
- SAU Oversight Committee
- NH Youth Council, Gubernatorial appointment
- Advisory Committee on the Education of Children with Disabilities
- Legislative Priorities: Child Safety; Youth Substance Misuse Prevention; High-Risk Students/Special Education; Drop-Out Prevention; Juvenile Justice

PLYMOUTH STATE UNIVERSITY, Plymouth, NH 1987-2004
PHILOSOPHY DEPARTMENT ADMINISTRATIVE COORDINATOR

- Implementation of department policies and procedures
- Financial management and systems oversight
- Coordination of department operations and staff

PARENT INFORMATION CENTER, Concord, NH 1998-2000
RESOURCE SPECIALIST/TRAINER, Lakes Region

- Trainings for parents, agencies, and schools on educational collaboration
- Provided technical assistance to NH schools and parents

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EDUCATION

Plymouth State University, Plymouth, NH
Master of Education Degree 2002

Plymouth State University, Plymouth, NH
Bachelor of Arts Psychology 1993
Honors: Summa Cum Laude; Psi Chi National Honor Society

RELATED PROFESSIONAL/LEADERSHIP DEVELOPMENT

Prevention Research Institute, Prime for Life, Evidence-Based Intervention
Instructor Certification 2005
University of New Hampshire
Advanced Leadership Series 2000
New Hampshire Leadership Series: Community Organizing 1999
Educational Advocacy Series 1997

PROFESSIONAL BOARDS/AFFILIATIONS

- SAM NH Founder and Board Member 2019-present
- NH Commission on Rural Affairs (Gubernatorial Appointment) 2018-present
- Central NH Health Partnership, Board Member 2009-present
- NH Youth Council, Past Board (Gubernatorial Appointment) 2001-2010
- Plymouth State University: Affiliate Instructor for Social Work Field Supervision 2007
- Jobs for America's Graduates (JAG), Past Director 2002-2005
- CADY, Inc. Founding Board Member 2000-2004
- National Community of Caring, Past Director 2002-2005
- Plymouth PTA, Past President 1995

CIVIC LEADERSHIP RECOGNITION

- **Social Entrepreneur of the Year Award**, Plymouth State University 2022
- **Elks Distinguished Citizen Award** 2019
- **Imagine A Way Award**, Plymouth State University 2017
- **Dr. George Harris Community Service Award**, Genesis Behavioral Health 2013
- **National Legislative Education Leader,** The College Board, Denver, CO 2003
- **Citizen of the Year,** Rotary Club, Plymouth, NH 2002
- **National Outstanding Community Leader,** 2001
  Joseph P. Kennedy, Jr. Foundation, San Diego, CA
- **National Points of Light Award** 2001
  The Points of Light Foundation, Washington, DC
- **NH Parents of the Year Recipient and National Award Finalist** 1999
  National Parent Day Foundation, Washington DC

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Biographical Sketch – Elizabeth Brochu, M.Ed., C.P.S.

ELIZABETH BROCHU

[redacted]

PROFESSIONAL EXPERIENCE

COMMUNITIES FOR ALCOHOL- AND DRUG-FREE YOUTH (CADY)
Plymouth, NH *(June 2007 – Present)*

Sr. Director of Training, Education, and Programs (9/2023-Present): Administrative responsibility for the overall management and functioning of Substance Misuse Prevention programming including planning, program development, staff oversight, and community relations.

Substance Misuse Prevention Coordinator (7/2015-8/2023): Work with key sectors of the Central New Hampshire Region to implement a public health approach to prevent substance misuse, related risk factors and consequences in the community.

Youth Services Director (6/2007-8/2023): Oversight and Implementation of the award-winning LAUNCH Youth Entrepreneurship Program and Youth Advisory and Advocacy Council:

- Plan and facilitate annual program calendar and weekly skill building youth meetings.
- Oversee supervisory staff and program volunteers.
- Direct summer operations of 25 youth employees and supervisory staff:
  - Provide oversight for youth-run summer business.
  - Design schedules and facilitate weekly staff and supervisory meetings
  - Interact and problem solve with parents and guardians – maintain on-going positive communications with families of youth; facilitate solutions with scheduling conflicts; and resolve interpersonal relationship challenges.
- Coordinate alternative recreation opportunities.
- Connect youth with community service opportunities.
- Develop youth as leaders in prevention: guide youth through annual action plan implementation.

PLYMOUTH ELEMENTARY SCHOOL
Plymouth, NH *(January 2012-December 2012)*

First Grade Long-Term Substitute Classroom Teacher **(August 2014-Nov. 2014)**

A+ Plus After School Site Director **(Jan 2012-Dec. 2012):** Responsible for program implementation for 40 elementary students and oversight of 6 staff members.

AMERICORPS VISTA PROGRAM
Youth Services Coordinator
PLUS-TIME NH – Concord, NH *(June 2007 – August 2008)*
FAMILIES IN TRANSITION – Manchester, NH *(August 2010 – August 2011)*

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Under the umbrella of these two agencies, I completed two years of national service dedicated to community building, positive youth development, and prevention education. I was placed with CADY to expand capacity of the organization and provide direct-service with three youth programs: The Launch Youth Entrepreneurship Program; The Youth Advisory and Advocacy Council (YAAC); and LIFE (Living Intelligently for Excellence) a former in-school collaboration with Newfound Regional High School and Newfound Memorial Middle School.

CREDENTIALS AND PROFESSIONAL DEVELOPMENT

NH "40 Under 40" Leadership Award – NH Union Leader, 2022
2021 NH Certified Prevention Specialist Award, NH Prevention Certification Board

Prime for Life Under 21: Evidence-Based Alcohol and Drug Education Series – Trainer/Educator – 2011.
Certified AmeriCorps Vista –Completion of Two Full Years of National Service.
New Futures Community Leadership Institute – 2008

EDUCATION

Master of Education, Elementary Education / May 2014
Plymouth State University – Plymouth, New Hampshire

Bachelor of Arts, Studio Art
University of New Hampshire – Durham, New Hampshire, December 2007

SKILLS/STRENGTHS

- Responsible Leader Dedicated to Excellence
- Energetic and Enthusiastic – Warm and Caring Personality
- Community Capacity Builder with youth, parents, and organization
- Strong Work Ethic
- Advanced Organization/Coordination Skills
- Microsoft Publisher; Graphic Design; and PowerPoint
- Communications: Empathetic Listener and Public Speaking
- Tae Kwon Doe-Martial Art-Self Defense – Green Belt

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Biographical Sketch – Sarah Roberts, M.A.

Sarah Roberts, M.A.

[redacted]

Experience

CADY, Inc.
Associate Executive Director (September 2023-Present)
Director of Operations (April 2021-December 2023)
Communications Program Manager, Contracted (January 2020-March 2021)

Reporting directly to the Executive Director provides integral support to the organization's operational health and sustainability. Responsibilities include risk management; grants management and reporting; programmatic oversight of the HRSA Rural Community Opioid Response Program (RCORP); coordination of SAMHSA Partnerships for Success grant; long-term strategic planning; development; and human resources.

SJR Communications
Content Writer & Strategic Communication Consultant
Meredith, NH / 2013-2021

Provided project management, content writing, and action planning services to fulfill client needs on a contractual basis with an emphasis on blog copy, marketing communications, social media content, and funding proposals.

Goodall Hospital
Director, Healthy Maine Partnership
Sanford, ME / 2007-2012

Responsible for oversight and administration of a grant-funded volunteer coalition of local schools, non-profit organizations, healthcare systems, municipalities, local media, and local businesses dedicated to improving public health through the implementation of evidence-based programming.

Portsmouth Regional Hospital
Marketing & Public Affairs Coordinator
Portsmouth, NH / 2003-2007

Provided coordination and support to the Vice President of Marketing and Public Affairs, Manager of Behavioral Health Services and Physician Marketing, Manager of Public Relations, and Senior Advocate Director.

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McIntosh College
Senior Community Relations Representative
Dover, NH / 2001 – 2003

Responsible for establishing and maintaining relationships with educators and high school students across New England.

Education

MA – Communication, Southern New Hampshire University, Manchester, NH: 2019 (GPA 4.0)
*Distinguished Scholar
BA – Journalism, Lyndon State College, Lyndonville, VT: 2001
AS – Television Studies, Lyndon State College, Lyndonville, VT: 2001

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Biographical Sketch – Ann Stark, B.S.

Ann M. Stark

[redacted]

PROFESSIONAL EXPERIENCE

CADY December, 2006- Present Administrative Coordinator
Responsibilities include project management; grant reporting; web-based reporting, research, report coordination and filings, grants management, and outreach. Communications and outreach, meeting and event facilitation, and project coordination.

Manager/Customer Care 1999 – 2006
Parent's Helper Inc, Waterville Valley, NH.
Designer of The Be Alert Children Driveway Sign (www.childsafety.com)
Customer inquiries, and processing of Internet and phone orders, maintaining and producing sales, invoice, and inventory reports, and organizing various marketing packages for mailing and presentation.

Operations Supervisor 1998-1999 and Teller 1997-1999 Fleet Bank, Plymouth NH (DBA Laconia Savings)
Responsible for the daily, weekly, monthly and yearly operational requirements of the "teller" portion of the bank. Managed the details to maintain the security of the bank, traveler's checks, money orders, bank checks, the vault money, the issuing of keys to various personnel, bank signage, and organizing and reviewing of daily debits and credits.

Distribution/Warehouse Administrator 1996-1997 WB Mason Co., Brockton MA.
Office Furniture Dealership ($40 million in furniture annually)
Analyzed several areas at the furniture warehouse and implemented programs to improve overall quality and efficiency of daily operations and customer service.

Project Manager 1992-1995 – Affordable Interior Systems, Hudson MA
Remanufacturer and dealer of systems office furniture, seating and casegoods.Managed logistics of small and large projects (1-250 people). These projects involved the move, reconfiguration and/or new installation of systems, furniture, casegoods and seating. Responsibilities included: design, specify, order, expedite and track product, as well as organize and supervise the shipping, on site receiving, staging, building of the final installation, and following through with punch list. Acted as liaison between clients, architects, designers, manufacturers, salespeople, drivers, contractors, and installers. Maintained sales for major accounts, including The Gillette Company, Boston Capital Investments, Chipcom, Bay Bank, and Mass Water Resources on Deer Island.

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Corporate Account Representative 1986-1991 Business Interiors, Boston MA
(DBA Office Environments) Steelcase and Kimball Office Furniture Dealership
Similar responsibilities as office furniture project manager as described above.
Managed and generated $1.8 million sales annually in office furniture with corporate account contract, The New England, locally and nationally. Other accounts included The Gillette Company and Commonwealth of Massachusetts. Promoted two levels from customer service to corporate account representative.

EDUCATION

Bachelor of Science in Business Management 1986 Westfield State College, Westfield MA
Minor in Psychology
Class Treasurer, 2 years
Orientation Group Leader, 3 years

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Biographical Sketch – Brittany Dietz, M.Ed.

Brittany Diez

[redacted]

EXPERIENCE

YOUTH SERVICES SPECIALIST
CADY, INC. | FEB 2024-PRESENT

ORCHESTRA DIRECTOR
QUAKERTOWN SCHOOL DISTRICT | AUG 2021-SEPT 2023

- Scheduled & taught instrumental music lessons for 200+ elementary students.
- Directed an annual district wide orchestra festival for approximately 400 students with over 800 guests in attendance.
- Managed the instrumental music budget.

MUSIC INSTRUCTOR
LAKESIDE EDUCATIONAL NETWORK | JAN 2016 - JUNE

- Developed and implemented a general music curriculum for grades 5-12 at Upper Merion Vantage Academy, Souderton Vantage Academy, Lakeside School, and Lakeside Girls Academy.
- Sat on a committee which planned multi-cultural and diversity & inclusion events for the school.

NON-PROFIT MANAGER
WORTHWHILE WEAR | DEC 2013 - JAN 2022

- Developed & implemented a business plan to open a thrift store to provide funding for the nonprofit organization.
- Managed a team of employees & volunteers who staffed the thrift store.
- Coordinated eight of Worthwhile Wear's annual fundraising galas which included a silent auction, dinner, live entertainment & other fundraising opportunities.
- Created marketing materials for the organization using photoshop & Canva.
- Oversaw multiple social media channels.
- Provided one on one supervision and guidance to a child with special needs in the resource room as well as in the mainstream classroom.
- Provided supervision and instruction to several students in the special education classroom.

EDUCATION AND RECOGNITIONS

MASTER OF MUSIC, MUSIC EDUCATION
WEST CHESTER UNIVERSITY | 2017 – 2020

BACHELOR OF MUSIC, MUSIC EDUCATION
MANSFIELD UNIVERSITY OF PENNSYLVANIA | 2009 – 2013

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Cassandra Millar

[redacted]

Objective

Forward-thinking financial planning and analytics professional. 20 years' experience leveraging team approach with proven results. Utilizing diverse industry background in both accounting and finance to support organizations business decision making and manage financial stability.

Work Experience

10/2022 – Present **Cady, Inc.** **Plymouth, NH**

Grants and Finance Director

- Accounting management, oversee financial operations and external bookkeepers to ensure all accounting processes are executed accurately and efficiently.
- Financial planning and reporting, manage and coordinate annual budgeting and planning process. Collaborate with the Executive Director to build and manage financial reports and analysis.
- Grant funding and reporting, assist with development of the budget proposals for potential funding. Support monthly and annual grant reporting for both state and federal Grants.
- Risk management, develop and maintain sound financial practices and compliance with federal, state, and local legal requirements.
- Coordinate bi-weekly payroll and benefits with external bookkeepers. Manage annual benefit review and enrollment process.
- Participate in relevant task forces, subcommittees, and trainings

09/2021 – 9/2022 **Arlo Technologies** **Remote**

Senior Financial Analyst- Contract

- Provide Financial planning and support to the Sales team for select retail channels, including Amazon, Walmart, Sam's, and Direct Store.
- Responsible for Quarterly Financial Forecast for select retail channels. Collaborate with teams to generate a revised rolling 12 month forecast.
- Support the FP&A team during Forecast and the Annual Operating Plan. Provide consolidated Americas reporting, financial templates, and commentary.
- Review weekly business results with the Sales team to adjust rolling forecast. Identify key variance drivers and opportunities to optimize strengths and address weaknesses.
- Collaborate with the Sales team to optimize the financial health of the retail channel through deal modeling and analysis for new business opportunities.
- Evaluate potential investment provided by Sales and Marketing partners for return on investment.
- Support Accounting team through review and reconciliation of key financials at Quarter end close.
- Assess and approve financial impacts for new vendor contracts and renewals.

10/2012 – 09/2021 **Garnet Hill** **Franconia, NH**

Merchandise Planner

- Assortment planning and performance analysis for women's apparel division
- Collaborate with Merchandising teams to build seasonal operating and strategic plans to grow key areas in divisions. Identify key areas for assortment growth, opportunity to gain share of wallet and provide competitive and ad hock analysis to support business case for growth initiatives.
- Provide weekly, monthly, quarterly, and seasonal analysis on divisional performance to organization
- Create monthly full year forecast both fiscal and seasonally for assigned divisions for business metrics including demand, return rate, margin, and pricing category balance of demand.
- Generate budget by category for assigned division that meets strategic operating plan goals for season.

1/2011-10/2012 Finance Manager

- Manage and ensure the finance department provides accurate financial reporting, analysis, forecast, budget, and audit support for the local brand and corporate while meeting strict deadlines.
- Maintain and review Sarbanes-Oxley controls and narratives annually, lead financial and internal control audits.
- Champion submission of monthly full year forecast and annual budget, including Profit & Loss, Cash Flow, Business Metric Scorecard and Corporate templates.
- Participate and manage the month end close process including generation of the monthly P&L analysis, balance sheet review, journal entry review, final submission of financials and reporting to management and corporate.
- Review monthly, quarterly, and annual financial, tax and audit schedules generated by the finance department.
- Provide weekly margin reporting and additional ad-hock analysis tracking actual results to forecast.

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1/2010 – 1/2011 Senior Financial Analyst

- Generate daily, weekly, and monthly analysis for net sales, margin, catalog, fulfillment, and inventory.
- Support month end and year end close process including reserves, landed cost reconciliation, royalties, inventory in-transit, construction in progress, fixed asset maintenance, depreciation, miscellaneous operating expense accrual, annual coupon review and balance sheet reconciliations.
- Update monthly forecast and annual budget templates through contribution margin for Controller, update department operating expenses and provide final forecast and budget submission.

6/2008 – 1/2010 **Freudenberg-NOK** **Lakes Region, NH**

Plant Controller/ Lead Center Financial Analyst

Education

4/2014 **Southern New Hampshire University** **Manchester, NH**

MBA

- Global MBA- Concentration in International Business

8/2004 **Franklin Pierce University** **Concord, NH**

Bachelor's Degree

- Bachelor of Science in Accounting

Skills

- Financial/Manufacturing Programs: Lawson, Mozart, QAD, SAP, Syspro, JD Edwards, QuickBooks
- Financial Reporting Software: Anaplan, Tableau, Cognos Powerplay, Hyperion, Cognos Reporting
- Merchandise Planning Programs: MAPS, Planner

Additional Information

- Former Controller for North Country Public Safety, a Private 501(C)3 Entity
- Served 10 years as Board Member of the Community Charity Fund, a nonprofit established through Garnet Hill

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Brandi Connor

[redacted]

Professional Certifications

**Recovery Specialist* – BSAS Recovery Coach Academy – October 2016
**Human Rights Certificate-* Department of Mental Health/Northeast Area - October 2017
**CPR/First Aid Certificate-*training center SEMC MA 00635
**Pursuing LADC Licensure*

Work Experience

Boston Health Care for the Homeless
Patient Benefit Coordinator (Boston, Ma)
Current

- Have the patience and knowledge to deal with the population served.
- Interaction with patients in BHC's clinic and shelters all over Boston to help them get hooked up with services.
- Make sure patients have and/or leave with insurance and they are promptly put in the system so we can charge for our serves.

Cordant Labs
Licensed Specimen Collector (Salem, Ma)
Current

- Interact with patients, check them in, check insurance, ect.
- Collect specimen from patient at doctor's offfice and secure it for a safe delivery.
- Get results from collection and report any discrepanc*Specialist*ies to doctor.

Eliot Community Services
Recovery Specialist (Burlington, Ma) 2016-2018

- Respond to referrals from program director and initiate contact with active addicts.
- Develop and maintain relationships with recoverees, consistent with the professional and ethical limitations of the position, meeting regularly in their environments to provide them emotional and practical support to help them meet their recovery goals
- Documentation of contacts with recoverees consistent with the professional and ethical standards of the position
- 24 hour on-call Emergency Department two days per week at Beverly Hospital and North Shore Union Hospital.

Salon and Associates Law Firm
Legal Secretary. (Boston, MA) 2003-2011

- Utilized administrative, organizational and technical skills to maintain client records.
- Provided quality and caring customer service over the phone to maintain professional relationships with clients.
- Independently ran the office when supervisor was away to maintain business functions.

Volunteering

Mass General Hospital Outpatient-(Charlestown, MA)

- Provide community-based support to MGH patients on an as needed basis who are identified by providers as needing assistance with basic follow-up care.

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References Available Upon Request

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY25 Substance Misuse

Contractor Name: Mid-State Health Center (CADY, Inc.)

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Sarah Roberts	CoC Facilitator	36.00%	$39,771.00
Elizabeth Brochu (.75 FTE)	SMP Coordinator	36.00%	$26,346.00
Ann Stark (.5 FTE)	Data Administrator	19.00%	$6,905.00
Brittany Dietz (.5 FTE)	Youth Mentor	10.00%	$2,600.00
TBD (.75 FTE)	Communications & Outreach	14.00%	$8,913.00
Cassandra Millar	Grants & Finance Director	5.00%	$4,927.00

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY25 PHAC

Contractor Name: Mid-State Health Center (CADY, Inc.)

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
TBD (.75 FTE)	PHAC Coordinator	31.00%	$19,112.00
Cassandra Millar	Grants & Finance Director	2.00%	$2,100.00

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY25 CHW

Contractor Name: **Mid-State Health Center (Speare Memorial Hospital)**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Brandi Connor	CHW	100.00%	$50,239.00
Lisa Gloddy	Director of Physician Practices		

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY26 CHW

Contractor Name: **Mid-State Health Center (Speare Memorial Hospital)**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Brandi Connor	CHW	100.00%	$51,776.00
Lisa Gloddy	Director of Physician Practices		

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY26 PHAC

Contractor Name: **Mid-State Health Center (CADY, Inc.)**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
TBD (.75 FTE)	PHAC Coordinator	31.00%	$19,112.00
Cassandra Millar	Grants & Finance Director	2.00%	$2,100.00

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services
SFY26 Substance Misuse

Contractor Name: Mid-State Health Center (CADY, Inc.)

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Sarah Roberts	CoC Facilitator	36.00%	$39,771.00
Elizabeth Brochu (.75 FTE)	SMP Coordinator	36.00%	$26,346.00
Ann Stark (.5 FTE)	Data Administrator	19.00%	$6,905.00
Brittany Dietz (.5 FTE)	Youth Mentor	10.00%	$2,600.00
TBD (.75 FTE)	Communications & Outreach	14.00%	$8,913.00
Cassandra Millar	Grants & Finance Director	5.00%	$4,927.00

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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	158056	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,

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 - Capital 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 - Capital 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 BEHAVIORIAL 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 - Capital 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 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
Name: Patricia M. Tilley
Title: Director

Mid-State Health Center

1/6/2023
Date

DocuSigned by:
Robert MacLeod
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
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: 1ED872BD-0939-45C9-8927-074BBDED75DF

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	$8,888	$0	$50,884	$3,562		$0	$8,537	
2. Fringe Benefits	$2,666	$0	$13,230	$923		$0	$2,220	
3. Consultants	$1	$0	$1	$1		$0	$1	
4. Equipment Allowed unit 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	$300	
5(e) Supplies Office	$2,500	$0	$432	$1		$0	$0	
6. Travel	$8,494	$0	$7,757	$1,806		$0	$600	
7. Software	$1	$0	$1	$1		$0	$1	
8. (a) Other - Marketing/Communications	$1	$0	$1	$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	$0		$0		
Other (Transportation)		$0	$1,044			$0	$0	
Other (Printing)	$100	$0	$0	$1		$0	$1	
Other (Telephone)		$0	$0			$0	$0	
Other (Subcontracts)						$0		
Other (Pharmacy/Rx/OP)								
Other (COVID Funding)	$8,400							
Other (Per Diem)	$1,200							
Other (Taxes)	$150							
9. Subrecipient Contracts	$14,000	$27,273	$1	$7,000	$184,674	$22,727	$2,073	$143,184
Total Direct Costs	$43,456	$27,273	$76,000	$9,081	$184,829	$22,727	$13,838	$143,184
Total Indirect Costs	$4,545	$2,727	$7,887	$919	$18,461	$2,273	$1,364	$14,318
Subtotals	$38,000	$30,000	$83,888	$10,000	$203,867	$25,000	$15,000	$157,502
							TOTAL	$574,169

Contractor Initials: RH
Date: 1/6/2023

JUN16'22 AM11:18 RCVD

GA

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: 6/16/2021

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:** **TBO 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 # 185635-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 - Capital 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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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

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 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 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 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 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 8/3/2022

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 PM

Date 8/3/2022

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

Contractor Initials DS PM

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.	<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. 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 (20% Per SFY, BOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Immunization Nurses	Overdose Prevention (ends 9/30/22)	School-Based Vax (Nurse Clinic	Youth Stigmatizing Community Health Worker
1. Salary & Wages	$8,804	$21,000	$30,804	$3,153	$165,875	$16,000	$6,537	
2. Fringe Benefits	$2,805	$0	$13,230	$273		$0	$2,270	
3. Consultants	$1	$0	$1	$1		$0	$1	
4. Equipment rental and maintenance not 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	$300	$0	$0	$1		$0	$300	
5 (e) Supplies Office	$2,500	$500	$700	$1	$2,554	$175	$0	
6. Travel	$9,494	$200	$6,137	$1,000	$4,333	$400	$000	
7. Software	$1		$1	$1		$0	$1	
8 (a) Other - Advertising/Communications	$1	$500	$1	$1	$4,412	$0	$1	
8 (b) Other - Licenses and Training	$1,150	$1,000	$1	$300	$7,000	$0	$1	
8 (c) Other - Other (Match Below)								
Other (Occupancy)		$300	$1,000	$000	$10,000	$0		
Other (Communication)		$0	$0		$2,000	$0	$0	
Other (Printing)	$300	$300	$0	$1	$2,000	$0	$1	
Other (Postage)		$0	$0		$1,000	$0	$0	
Other (Subscriptions)		$0			$1,000	$0		
Other (Meeting/Staff)		$1,000			$10,000	$0	-	
Other (COVID Funding)	$5,400							
Other (Per Diem)	$1,200							
Other (Event)	$0							
9. Subrecipient Contracts	$10,000		$1	$2,000			$2,000	$13,000
Total Direct Costs	$45,455	$27,000	$72,000	$9,000	$164,000	$17,000	$13,000	$13,000
Total Indirect Costs	$4,545	$2,700	$7,200	$900	$16,400	$2,700	$1,300	$1,300
Subtotals	$50,000	$30,000	$80,000	$10,000	$180,000	$20,000	$15,000	$15,000
							Total:	$420,000

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 Public 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	$3,894	$122,675	$8,525
2. Fringe Benefits	$2,566	$0	$13,437	$980	$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	$800	$692	$100	$1	$4,684	$0
6. Travel	$11,888	$261	$5,232	$1,839	$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	$1,182	$1	$198	$6,340	$1
8. (c) Other - Other (specify below)						
Other (Occupancy)		$599	$1,800	$1	$19,187	
Other (Phone/Internet)		$181	$1,044	$600	$3,619	
Other (Postage)	$200	$349	$0	$0	$2,851	$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

Contractor Initials PM

Date 6/3/2022

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

PM

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 C 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 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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

DS
PM
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

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

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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
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: Mid State Health Center

6/3/2022
Date

DocuSigned by:
Robert MacLeod
Name: Robert MacLeod
Title: CEO

DS
RM
Contractor Initials
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.

Contractor Initials EM

Date 6/3/2022

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

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.

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

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

Contractor Initials: DS BM
Date: 6/3/2022

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: 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: _____

Contractor Initials PM (03)

Date 6/3/2022

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

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Date 6/3/2022

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 #2

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,552,943

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

Contractor Initials DS
Date 3/20/2024

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

1.2.11.1.19.10. The Contractor is responsible for providing written notification to the Department if they cannot fulfill this obligation.

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

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

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

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

1.2.11.1.19.11.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.11.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.11.4.2. Stop the Bleed.

1.2.11.1.19.11.4.3. Sheltering training and drills.

1.2.11.1.19.11.4.4. Triage training and drills.

1.2.11.1.19.11.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.11.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.11.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.11.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer General Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving funds must purchase general liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 General liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.4 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.5 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.6 Policy must provide coverage for 24 months.

1.2.11.2.7 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.8 Funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to remove Section 1.2.12.7, Biosurveillance.

8. Modify Exhibit B, Scope of Services, to add Section 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

9. Modify Exhibit B, Scope of Services, to add Section 1.3.8, to read:

1.3.8 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.8.1 Number of new policies purchased and reimbursed.

1.3.8.1.1 By license level.

1.3.8.1.2 The coverage effective period(s).

1.3.8.2 Number of renewal policies purchased and reimbursed.

1.3.8.2.1 By license level.

1.3.8.2.2 The coverage effective period(s).

1.3.8.2.3 Number of policies upgraded due to license level changes.

1.3.8.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.8.2.5 Number of individuals who became an MRC volunteer because professional liability insurance was provided.

1.3.8.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

10. 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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 9% General funds.

11. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

12. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the North Country Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later than 20 business days from Governor and Council approval for this Amendment #2.

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

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

State of New Hampshire
Department of Health and Human Services

3/20/2024
Date

DocuSigned by:
Iain Watt
Name: Iain Watt
Title: Interim Director - DPHS

North Country Health Consortium

3/20/2024
Date

DocuSigned by:
Lauren Pearson
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

3/23/2024
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: BC98AED7-4B9F-4316-9E0D-121EBC36F9A2

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: **0006194726**

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 April A.D. 2023.

David M. Scanlan

Secretary of State

DocuSign Envelope ID: BC98AED7-4B9F-4316-9E0D-121EBC36F9A2

CERTIFICATE OF AUTHORITY

I, Michael Lee, hereby certify that:

1. I am a duly elected 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: 3/4/24

Signature of Elected Officer
Name: Michael Lee
Title: NCHC Board President

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/4/2024

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.
PO Box 271
149 Main Street
Lancaster NH 03584

CONTACT NAME: Teresa Crossland
PHONE (A/C, No, Ext): 6037882555 FAX (A/C, No):
E-MAIL ADDRESS: tcrossland@gms-ins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Insurance Co	18058
INSURER B : Allied Eastern Indemnity Co	11242
INSURER C : Great American	16691
INSURER D : United Financial Casualty Co.	11770
INSURER E :	
INSURER F :	

INSURED
North Country Health Consortium Inc
262 Cottage Street, Suite 230
Littleton NH 03561

NORTCOU-21

COVERAGES **CERTIFICATE NUMBER:** 889466059 **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			PHPK2624203	1/1/2024	1/1/2025	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$ 5,000
	X POLICY PRO-JECT LOC						PERSONAL & ADV INJURY	$ 1,000,000
	OTHER:						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
D	AUTOMOBILE LIABILITY			03166937	9/9/2023	9/9/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			PHUB889411	1/1/2024	1/1/2025	EACH OCCURRENCE	$ 4,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED X RETENTION $ 10,000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			01-0000114697-06	1/1/2024	1/1/2025	PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y (Mandatory In NH)	N/A					E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
C	D & O			EPP5788641	8/10/2023	8/10/2024	AGGREGATE	1,000,000

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 03301-3857

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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North Country
HEALTH CONSORTIUM

North Country Health Consortium Mission Statement:

"An Innovative Collaboration to improve the health status of northern New Hampshire.

The North Country Health Consortium (NCHC) is a non-profit 501(c)3 rural health network, created in 1997, as a vehicle for addressing common issues through collaboration among health and human service providers serving Northern New Hampshire.

NCHC is engaged in activities for:

- Solving common problems and facilitating regional solutions
- Creating and facilitating services and programs to improve population health status
- Health professional training, continuing education, and management services to encourage sustainability of the health care infrastructure
- Increasing capacity for local public health essential services
- Increasing access to health care for underserved and uninsured residents of Northern New Hampshire

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BerryDunn

North Country Health Consortium, Inc. and Subsidiary

CONSOLIDATED FINANCIAL STATEMENTS

and

REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

AND THE UNIFORM GUIDANCE

September 30, 2022 and 2021

With Independent Auditor's Report

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

September 30, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
North Country Health Consortium, Inc. and Subsidiary

Report on the Audit of the Consolidated Financial Statements

Opinion

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 statements of financial position as of September 30, 2022 and 2021, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Organization as of September 30, 2022 and 2021, and the consolidated changes in their net assets and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with U.S. generally accepted auditing standards (U.S. GAAS) 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 Consolidated 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.

Change in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, during the year ended September 30, 2022, the Organization adopted Financial Accounting Standards Board Accounting Standards Update 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*. Our opinion is not modified with respect to that matter.

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 U.S. GAAP, 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.

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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 Organization's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditor's 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 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. GAAS 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 consolidated financial statements.

In performing an audit in accordance with U.S. GAAS 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 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 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 consolidated 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 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. GAAS. 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 June 20, 2023 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
June 20, 2023

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Consolidated Statements of Financial Position

September 30, 2022 and 2021

ASSETS

	2022	2021
Current assets		
Cash and cash equivalents	$ 1,041,393	$ 1,320,750
Accounts, grants, and contracts receivable, net	567,360	413,995
Prepaid expenses	29,423	33,530
Restricted cash - Integrated Delivery Network	-	818,010
Total current assets	1,638,176	2,586,285
Property and equipment		
Computers and equipment	147,396	147,392
Dental equipment	10,813	10,815
Furniture and fixtures	30,045	30,045
Vehicles	368,061	18,677
	556,315	206,929
Less accumulated depreciation	(190,445)	(203,177)
Property and equipment, net	365,870	3,752
Other assets		
Certificates of deposit	12,869	127,904
Total other assets	12,869	127,904
Total assets	$ 2,016,915	$ 2,717,941

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable	$ 62,597	$ 65,296
Accrued wages and related liabilities	143,545	140,267
Deferred revenue	458,044	1,448,193
Total current liabilities and total liabilities	664,186	1,653,756
Net assets		
Without donor restrictions	1,352,729	1,064,185
Total net assets	1,352,729	1,064,185
Total liabilities and net assets	$ 2,016,915	$ 2,717,941

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, 2022 and 2021

	2022	2021
Support		
Grant and contract revenue	$ 3,339,198	$ 5,276,490
Revenue		
Fees for programs and services	242,211	296,655
Interest income	1,058	4,431
In-kind contributions	380,632	-
Other income	141,972	9,165
Total revenue	765,873	310,251
Total support and revenue from continuing operations	4,105,071	5,586,741
Program expenses		
Workforce	1,175,806	2,895,285
Public health	292,067	357,542
Mobile clinic / Molar	82,459	21,400
Community Substance Abuse Protection (CSAP)	1,595,360	1,783,857
Total program expenses from continuing operations	3,145,692	5,058,084
Management and general expenses	670,835	618,804
Total expenses from continuing operations	3,816,527	5,676,888
Change in net assets before discontinued operations	288,544	(90,147)
Gain from discontinued operations	-	147,269
Change in net assets	288,544	57,122
Net assets, beginning of year	1,064,185	1,007,063
Net assets, end of year	$ 1,352,729	$ 1,064,185

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, 2022

	Workforce	Public Health	Mobile Clinic	CSAP	Total Program	Management and General	Total
Personnel							
Salaries	$ 279,366	$ 183,533	$ 36,889	$ 901,880	$ 1,401,668	$ 388,620	$ 1,790,288
Payroll taxes and employee benefits	53,089	32,564	6,991	176,320	268,964	62,264	331,228
Total personnel expenses	332,455	216,097	43,880	1,078,200	1,670,632	450,884	2,121,516
Non-personnel expenses							
Computer fees	10,454	10,077	651	26,859	48,041	14,094	62,135
Medical and pharmacy supplies	896	185	1,769	58,576	61,426	714	62,140
Office supplies	3,788	9,031	2,450	11,725	26,994	5,439	32,433
Memorandum of Agreement (MOA)	694,085	33,493	-	219,042	946,620	500	947,120
Bad debts	-	-	-	-	-	13,598	13,598
Depreciation	-	-	2,191	-	2,191	3,754	5,945
Dues, memberships, education, and subscriptions	50,740	46	308	2,094	53,188	6,644	59,832
In-kind services	-	-	12,569	-	12,569	-	12,569
Equipment and maintenance	634	1,547	42	1,649	3,872	69,288	73,160
Rent and occupancy	6,945	3,968	420	32,806	44,139	37,869	82,008
Insurance	1,559	811	958	5,409	8,737	6,017	14,754
Miscellaneous	45,053	400	-	204	45,657	864	46,521
Payroll processing fees	50	-	-	-	50	21,299	21,349
Postage	716	812	12	1,116	2,656	565	3,221
Printing	222	1,418	26	885	2,551	350	2,901
Professional fees	5,854	4,001	456	25,797	36,108	22,117	58,225
Training fees and supplies	14,772	2,572	2	59,056	76,402	4	76,406
Travel	4,750	6,982	1,248	43,007	55,987	3,731	59,718
Telephone	2,833	627	116	9,018	12,594	13,094	25,688
Vehicle expense	-	-	15,361	-	15,361	-	15,361
Event facility fees	-	-	-	19,917	19,917	10	19,927
Total non-personnel expenses	843,351	75,970	38,679	617,160	1,475,060	219,951	1,695,011
Total expenses	1,175,806	292,067	82,459	1,695,360	3,145,692	670,835	3,816,527
Indirect costs allocated to programs	101,843	64,662	8,852	374,421	549,778	(549,778)	-
Total expenses after indirect cost allocations	$ 1,277,649	$ 356,729	$ 91,311	$ 1,969,781	$ 3,695,470	$ 121,057	$ 3,816,527

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
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 Statements of Cash Flows

Years Ended September 30, 2022 and 2021

	2022	2021
Cash flows from operating activities		
Change in net assets	$ 288,544	$ 57,122
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	5,945	7,504
Change in allowance for doubtful accounts	-	9,853
Contribution of non-cash assets	(368,063)	-
(Increase) decrease in operating assets		
Accounts, grants, and contracts receivable	(153,365)	59,952
Total assets - discontinued operations	-	44,929
Prepaid expenses	4,107	(3,082)
Increase (decrease) in operating liabilities		
Accounts payable	(2,699)	(47,377)
Accrued wages and related liabilities	3,278	(109,044)
Deferred revenue	(990,149)	(2,012,330)
Net cash used by operating activities	(1,212,402)	(1,992,473)
Cash flows from investing activities		
Transfers from (reinvestment of interest from) certificates of deposit	115,035	(547)
Net cash used by investing activities	115,035	(547)
Net decrease in cash, cash equivalents, and restricted cash	(1,097,367)	(1,993,020)
Cash, cash equivalents, and restricted cash, beginning of year	2,138,760	4,131,780
Cash, cash equivalents, and restricted cash, end of year	$ 1,041,393	$ 2,138,760
Composition of cash, cash equivalents, and restricted cash, end of year		
Cash and cash equivalents	$ 1,041,393	$ 1,320,750
Restricted cash - IDN	-	818,010
Total cash, cash equivalents, and restricted cash	$ 1,041,393	$ 2,138,760

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

NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Notes to Consolidated Financial Statements

September 30, 2022 and 2021

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 organization 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 is the operational home to the Northen New Hampshire Mobile Clinic.

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.

Mobile Clinic – To sustain operations of a mobile clinic program, offering health services to all residents in northern New Hampshire.

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 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 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, 2022 and 2021.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of NCHC 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

In response to the global pandemic, in April 2020, the Organization obtained a PPP loan under COVID-19 relief legislation in the amount of $798,800 to cover qualifying expenditures incurred during the year ended September 30, 2020. 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.

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.

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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

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 date services are performed.

Each performance obligation is separately identifiable from other promises in the contract with the client. 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 U.S. GAAP, 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 consolidated statements of activities within the gain from discontinued operations and fees for program services and is as follows:

	2022	2021
Friendship House Income - discontinued operations	$ -	$ 235,039
Fees	227,954	287,755
Other	14,257	8,900
Net program service fee revenue	$ 242,211	$ 531,694

Grants receivable, net related to exchange transactions were $198,948, $247,933, and $528,729 as of September 30, 2022, 2021, and 2020 respectively.

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 consisted 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 $2,000,000 was 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 of $413,256 was to be distributed to participants.

As of September 30, 2021, these amounts were restricted for distributions to participants. There were no such balances at September 30, 2022.

Accounts, Grants, and Contracts Receivable

The Organization has receivable balances due from grants and contracts received from federal, state, and private agencies. Management reviews the receivable balances for collectibility 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 collectibility 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, 2022 and 2021. The Organization does not charge interest on its past due accounts, and collateral is generally not required.

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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 .25% to .35%, 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 $5,945 and $7,504 for the years ended September 30, 2022 and 2021, 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 and other program 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, 2022 and 2021.

The Organization has adopted the provisions of Financial Accounting Standards Board (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 consolidated financial statements at September 30, 2022 and 2021.

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, 2019 through September 30, 2022 are open to examination by the taxing authorities under the applicable statute of limitations.

Functional Expenses

The consolidated 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.

Newly Adopted Accounting Standard Update

During the year ended September 30, 2022, the Organization adopted FASB Accounting Standards Update (ASU) No. 2020-07, *Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which supersedes accounting standards that previously existed under U.S. GAAP and increases the transparency of contributed nonfinancial assets for not-for-profit entities through enhancements to presentation and disclosure. This ASU has been adopted retrospectively; therefore, the consolidated financial statements and the related notes have been presented accordingly. No material changes to financial reporting were required as a result of this adoption.

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, 2022.

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. Cash at these institutions is held in interest-bearing money market accounts.

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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:

2023	$ 77,412
2024	52,461
	$ 129,873

Lease expense was $82,211 and $107,902 for the years ended September 30, 2022 and 2021, respectively.

4. Deferred Revenue

The summary of the components of deferred revenue as of September 30 are as follows:

	2022	2021
Deferred revenue, IDN	$ 82,554	$ 818,010
Deferred revenue, other	375,490	630,183
Total	$ 458,044	$ 1,448,193

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.

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 2022 and 2021.

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 NCHC. Amounts paid to these organizations were $339,352 and $365,000 for the years ended September 30, 2022 and 2021, respectively. There were no balances due to or from these organizations as of September 30, 2022 or 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

The Organization participates in a defined contribution plan under section 401(k) of the Internal Revenue Code (the Plan). Under the Plan, all employees are eligible, regardless of age. There is no service requirement to participate in the Plan. 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, 2022 and 2021 were $30,689 and $38,792, respectively.

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:

	2022	2021
Cash and cash equivalents	$ 1,041,393	$ 1,320,750
Accounts receivable, grants, and contracts, net	567,360	413,995
	$ 1,608,753	$ 1,734,745

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 June 20, 2023, which is the date these consolidated financial statements were available to be issued. Subsequent to September 30, 2022, the Organization's Board of Directors voted to dissolve the ACO.

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 year ended September 30, 2021:

Grant and contract revenue	$ 576,461
Fees for programs and services	235,039
Expenses	(664,231)
Gain from discontinued operations	$ 147,269

There was no depreciation, capital expenditures, or significant operating or investing noncash items related to the discontinued operations.

11. Contributed Nonfinancial Assets

For the year ended September 30, 2022, contributed nonfinancial assets recognized within the consolidated statements of activities consisted of a vehicle with a fair value of $368,063 and certain parts and maintenance totaling $12,569. There were no such contributed nonfinancial assets for the year ended September 30, 2021. Unless otherwise noted, contributed nonfinancial assets did not have donor-imposed restrictions. The Organization does not monetize contributed nonfinancial assets. Donations are valued and reported at their estimated fair value based on current rates for similar items.

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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, 2022

Federal grantor/pass-through grantor/program title	Federal AL Number	Pass-through Number	Federal Expenditures
U.S. Department of Agriculture			
Passed through: University of New Hampshire			
Extension Collaborative on Immunization Teaching & Engagement	10.229	2021-77041-34831 (EXC220212118)	$ 27,542
Total U.S. Department of Agriculture:			27,542
U.S. Department of Health and Human Services			
Direct Programs:			
Area Health Education Centers Point of Service Maintenance and Enhancement Awards	93.107	N/A	117,167
Drug-Free Communities Support Program Grants	93.276	N/A	125,844
COVID-19 Provider Relief Fund	93.498	N/A	72,822
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement	93.912	N/A	725,449
Passed through: State of New Hampshire - DHHS			
Public Health Emergency Preparedness	93.069	NU90TP922018	86,273
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074	U90TP000535	22,793
Passed through: State of New Hampshire - BDAS			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP020796	43,488
Passed through: State of New Hampshire - DHHS			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP020796	240,915
Total AL Number 93.243:			284,403
Immunization Cooperative Agreements	93.268	NH231P922595	35,160
Immunization Cooperative Agreements	93.268	NH231P922592	14,055
Total AL Number 93.268:			49,215

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

Year Ended September 30, 2022

Federal grantor/pass-through grantor/program title	Federal AL Number	Pass-through Number	Federal Expenditures
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	NH75OT000031	104,088
Passed through: State of New Hampshire - BDAS			
Preventive Health and Health Services Block Grant Funded Solely With Prevention and Public Health Funds (PPHF)	93.758	B010T00937	23,729
Opioid STR	93.788	TI83326A	9,666
Passed through: State of New Hampshire - DHHS			
National Bioterrorism Hospital Preparedness Program	93.889	U3REP190580	7,725
Passed through: State of New Hampshire - BDAS			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI010035	27,677
Block Grants for Prevention and Treatment of Substance Abuse	93.959	TI084659/TI083955	104,754
Total AL Number 93.959:			132,431
Preventive Health and Health Services Block Grant	93.991	NB01OT009381	7,374
Total U.S. Department of Health and Human Services:			1,768,979
U.S. Department of Justice			
Passed through: State of NH Judicial Branch			
Comprehensive Opioid Abuse Site-Based Program	16.838	N/A	21,815
Total U.S. Department of Justice:			21,815
U.S. Department of Treasury			
Passed through: State of New Hampshire - DHHS			
COVID-19 Coronavirus State and Local Fiscal Recovery Fun	21.027	SLFRP0145	56,292
Passed through: State of New Hampshire - DHHS			
COVID-19 Coronavirus State and Local Fiscal Recovery Fun	21.027	N/A	26,365
Total AL Number 21.027:			82,657
Total U.S. Department of Treasury:			82,657
Total Expenditures of Federal Awards:			$ 1,900,993

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, 2022

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, 2022. 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. (the Organization) (a New Hampshire nonprofit organization), which comprise the consolidated statement of financial position as of September 30, 2022, 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 June 20, 2023.

Report on 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 audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of 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
North Country Health Consortium, Inc. and Subsidiary

Report on 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*.

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
June 20, 2023

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND 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

Opinion on Each Major Federal Program

We have audited North Country Health Consortium, Inc. and Subsidiary'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 each of the Organization's major federal programs for the year ended September 30, 2022. 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.

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, 2022.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards (U.S. GAAS); 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 each 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.

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. GAAS, *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 each of its major federal program as a whole.

In performing an audit in accordance with U.S. GAAS, *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.

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.

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Board of Directors
North Country Health Consortium, Inc. and Subsidiary

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

Bangor, Maine
June 20, 2023

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Schedule of Findings and Questioned Costs

Year Ended September 30, 2022

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
93.912	Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement

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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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Schedule of Findings and Questioned Costs (Concluded)

Year Ended September 30, 2022

Section II. Financial Statement Findings

Not applicable

Section III. Federal Award Findings and Questioned Costs

Not applicable

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Summary Schedule of Prior Year Findings and Questioned Costs

Year Ended September 30, 2022

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 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.

Prior Year Recommendation

We recommended 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.

Status

Resolved

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.

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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.

Prior Year Recommendation

We recommended the Organization include all depository accounts within the general ledger; with all accounts reviewed and reconciled by Organization personnel on a regular basis.

Status

Resolved

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.

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Prior Year Recommendation

We recommended 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.

Status

Resolved

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

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NORTH COUNTRY HEALTH CONSORTIUM, INC. AND SUBSIDIARY

Summary Schedule of Prior Year Findings and Questioned Costs (Concluded)

Year Ended September 30, 2022

Prior Year Recommendation

We recommended the Organization implement a tracking system to identify and report all expenditures of federal awards in compliance with the requirements of the Uniform Guidance.

Status

Resolved

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

Status

Resolved

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North Country HEALTH CONSORTIUM

2023-2024 Board of Directors

OFFICERS

Michael Lee, President **Weeks Medical Center** President/CEO	***Ken Gordon, Vice-President*** **Coos County Family Health Services** Chief Executive Officer
Ann Duffy, Treasurer **Cottage Hospital** CFO	***Michael Peterson, Secretary*** **Androscoggin Valley Hospital** President & CEO

DIRECTORS

Scott Colby **Upper Connecticut Valley Hospital** Former President and CEO	***Greg Cook*** **Upper Connecticut Valley Hospital** President/CEO Joining as an honorary member until April 2024
Ed Duffy, MD **Littleton Regional Healthcare** Executive Vice President, Chief Medical Officer	***Margo Sullivan*** **Androscoggin Valley Home Care** Interim Executive Director
Jeanne Robillard **Tri-County Community Action Program** Chief Executive Officer	***Vacant Seat*** **Ammonoosuc Community Health Services**

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North Country HEALTH CONSORTIUM

2023-2024 Board of Directors

Kristina Fjeld-Sparks **NH AHEC Director** Health Careers Institute at Dartmouth (HCID) Dartmouth's Geisel School of Medicine	***Tiffany Haynes*** **North Country Home Health and Hospice Agency**
Jaimie D'Alessandro **North Country Serenity Center**	***Suzanne Gaetjens-Oleson, Treasurer*** **Northern Human Services**
Eric Moran **Whitehorse Recovery**	

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ANDREW BROWN

Systems Administrator and IT Project Manager

CONTACT

603-259-4765
dbrown@nchcnh.org

SKILLS

Office 365 Administrator
Active Directory Administrator
Windows Support Administrator
Salesforce Administrator
Population Health Tracking and Analysis
Help Desk
Mobile Device Management
Data Analysis
Program Evaluation

EDUCATION

UVM
2002-2004
BA in Political Science

PROFILE

User-focused systems administrator, with an emphasis on deploying flexible technologies and evaluation tools to serve the needs of a fast paced, constantly evolving multi-goal non-profits. I view technology as a tool that should serve a larger cause. As such, my goal is leveraging technology and data as a tool to empower positive community change.

EXPERIENCE

Junior Engineer – Ammonoosuc Computer Services
2002-2003
Responsible for assisting senior engineers in resolving a variety of calls at a managed service provider with dozens of business clients in Northern NH and VT. Support of domain controllers, web servers, networking and desktop support across a variety of deployment types.

NCHC Systems Administrator
2005-2016
Took the lead in managing all information technology systems at a nonprofit managing a variey of grant-funded initiatives. Included helpdesk, server support, windows desktop support, management of a SQL database for client screenings and a mobile dental clinic EHR. Also assisted in evaluation, including aggregation of several multi-agency reporting initiatives.

Management Information Systems Administrator
2016-Current
Manages all information technology systems at a nonprofit managing a variety of grant funding initiatives and a 24/7 residential SUD treatment facility. Included helpdesk, server support, windows desktop support, cloud-based services (including office 365 and Salesforce), video surveillance system. Took the lead in project management for tech improvements, including a successful CRM implementation and migration of key services to cloud-based assets: Handled transition of organization to remote work during the COVID-19 pandemic and operation and eventual closing of 24/7 treatment site.

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ANNETTE COLE, RDH, M.S.

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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Bob Thompson

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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Gregory Williams

EXPERIENCE: **North Country Health Consortium | Littleton, New Hampshire | March 2017 - Present**
Substance Misuse Prevention Coordinator.

- Covering Northern Grafton County and all of Coos County. Recently passed my CPS certification test, awaiting approval of requirements.

North Country Charter Academy | Lancaster, New Hampshire | August 2014 - 2017
High School Teacher

- Help reduce the dropout rate by working with at risk and disadvantaged youth that cannot 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 11 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 Year's.

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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JOY NOEL

Opioid Abatement Program/ Substance Misuse Prevention Program Manager

CONTACT

603-259-3700
jnoel@nchcnh.org

SKILLS

Business Leadership
Community Relations
Resource Development
Communications
Strategic Planning
Event Management
Recruitment
Computer Proficiency

EDUCATION

NH Community Technical College- Nashua, NH

2005-2007

Business Administration

PROFILE

Enthusiastic professional with a strong sense of dedication, motivation and responsibility to help cultivate and enrich local, rural communities.

EXPERIENCE

OAP/SMP Program Manager | North Country Health Consortium- Littleton, NH

2023-PRESENT

- Overall program management for NCHC's Substance Misuse Program which includes staff supervision, program, and budget management, and ensuring compliance with all contractual and regulatory obligations related to program budgets, contracts, work plans, evaluation plans, and reporting.
- Collaborate with staff from other NCHC SMP program areas to ensure alignment of programs across the team and efficient utilization of resources.
- Provide oversight and management of the Opioid Abatement Program budget.
- Be responsible for managing contracts and communications with NH Division of Public Health Services staff, including contract renewal, amendment, and reporting.
- Serve as a liaison with academic, state, federal, and private agencies involved with prevention work.
- Foster partner engagement to build upon the successful innovative collaboration for improving 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.
- Collaborate with NCHC staff on grant writing activities and sustainability planning as requested.
- Cross collaboration with other NCHC program areas as required.
- Participate in NCHC's Leadership Team meetings on a regular basis and join NCHC's management team meeting as requested.

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- Duties, responsibilities, and activities may change, or new ones may be assigned at any time with or without notice.

Director of Operations | AHEAD, Inc.- Littleton, NH

2016-2023

- Oversee day-to-day corporate administration and resource development operations.
- Work collaboratively with senior managers, board members, committees, community partners and staff to effectuate the organization's mission.
- Assist with analysis, development and adherence of the annual budget.
- Prepare organizational publications such as annual reports, appeal letters, email campaigns, social media blasts, marketing materials and newsletters for internal and external communications.
- Plan, organize and deploy special events; solicit corporate sponsorships and donations accordingly.
- Devise and implement donor stewardship while adhering to ethical fundraising principles.
- Manage systems of soliciting, receiving, processing, acknowledging and reporting contributions using donor management software.
- Write funding requests and grant applications to obtain supplemental funds as needed.
- Co-lead Race, Equity, Diversity, Inclusion (REDI) Committee which involves identifying opportunities and executing effective strategies.
- Cultivate and maintain strong relationships in the community in addition to recruiting board, committee members, volunteers and advocates.

Administrative Assistant/Accounting | McLure's- Littleton, NH

2016-2023

- Performed accounting duties such as accounts payable for two companies, purchase orders, receipts of goods and production entries.
- Completed scheduled inventory counts of raw materials and finished goods and supply audits to track shrinkage.
- Coordinated shipments from production to end-user and scheduled weekly pickups and deliveries.
- Provided administrative and management assistance to auditor and directed activities in the office.
- Conducted standardized inspections to check processes and adequacy of internal control structure.
- Researched quality control specifications for finished goods and generated analysis certificates.
- Oversaw the Preventative Maintenance Program including SOP and SSOP systems.

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Kristen G. van Bergen-Buteau, CPHQ

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 – Present University of New Hampshire, Master of Arts, Community Development Policy & Practice (anticipated graduation September 2021)
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 WMRHS Graduate, Salutatorian

CERTIFICATIONS

2008 – Present Certified Professional in Healthcare Quality (CPHQ)
2015 – Present American Heart Association BLS certification

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

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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 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

2018 – Present SAU 36 School Board Member, Lancaster Representative
- Educational Programming & Curriculum Committee
- Personnel Committee
- Policy Committee
- Strategic Planning Committee

2019 – Present Parent Volunteer, Girl Scouts USA Troop 30356

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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Madeline K. Rodgers

Work Experience:

Program Assistant/Coordinator – North Country Health Consortium – December 2022 to Present

Program Assistant (December 2022 through September 2023) to Program Coordinator (September 2023 to Present) for the Public Health Network and New Hampshire Area Health Education Center. Works collaboratively with students, volunteers, community partners, and program management staff to coordinate health career pipeline events, public health events, and learning opportunities. Assists with communication and marketing efforts by preparing and disseminating outreach and marketing materials for NCHC events and initiatives. Maintains databases of contacts, keeps meeting minutes, and contributes to reporting efforts.

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.

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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.

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.

Additional Qualifications:

Data Entry Contractor - Gorham Family Dentistry - September 2022 to December 2022

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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ZINA SCHMIDT

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

EXPERIENCE

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

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.

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- 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

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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KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium **SFY24**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Kristen van Bergen-Buteau	Director of Workforce Dev. & Public Health Programs	37.14%	$28,803
Madeline Rodgers	Program Coordinator	44.45%	$16,423
Zina Schmidt	PHEP Manager	89.08%	$49,885
Anna Shum	Marketing Coordinator	1.83%	$884
Tracy Page	Grant Finance Manager	1.58%	$1,123
Annette Cole	Senior Program Manager	11.54%	$9,141
Bob Thompson	Senior Program Manager	42.82%	$34,733
Greg Williams	SMP Coordinator	85.63%	$64,941
Joy Noel	OAP/SMP Manager	30.22%	$18,098
Drew Brown	IT Coordinator	1.01%	$767

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KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium **SFY25**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Kristen van Bergen-Buteau	Director of Workforce Dev. & Public Health Programs	20.16%	$17,141
Madeline Rodgers	Program Coordinator	29.74%	$11,316
Zina Schmidt	PHEP Manager	82.57%	$47,624
Annette Carbonneau	Director of CHW Programs	1.01%	$872
Amber Culver	CHW Manager	3.02%	$1,896
Rebecca Hill-Larsen	Community Health Worker	25.18%	$11,166
Carolyn Schofield	Community Health Worker	25.18%	$11,724
Stephanie Narrow	Community Health Worker	55.91%	$22,132
Bob Thompson	Senior Program Manager	25.18%	$21,043
Greg Williams	SMP Coordinator	52.38%	$40,921
Joy Noel	OAP/SMP Manager	25.18%	$15,082
Drew Brown	IT Coordinator	1.01%	$812

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KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.
(Job descriptions not required for vacant positions.)

NH Department of Health and Human Services

Contractor Name: North Country Health Consortium **SFY26**

NAME	JOB TITLE	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT
Kristen van Bergen-Buteau	Director of Workforce Dev. & Public Health Programs	18.55%	$16,242
Madeline Rodgers	Program Coordinator	29.73%	$11,655
Zina Schmidt	PHEP Manager	81.56%	$48,453
Bob Thompson	Senior Program Manager	25.18%	$21,675
Greg Williams	SMP Coordinator	50.37%	$40,527
Joy Noel	OAP/SMP Manager	25.18%	$15,534
Drew Brown	IT Coordinator	1.01%	$836

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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	$168,574	$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	$1,087,276	$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)

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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

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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	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 # 165835-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 - Capital 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 # 155635-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 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
Name: Patricia M. Tilley
Title: Director

North Country Health Consortium

1/13/2023
Date

DocuSigned by:
Lauren Pearson
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:

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DocuSign Envelope ID: 1323A365-7201-413A-B386-F9C563DE3446

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	$119,981	$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 1/11/2023

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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.

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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.

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- 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

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FINANCIAL DETAIL ATTACHMENT SHEET
Regional Public Health Networks (RPHN)

05-95-90-901010-6011 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: 6/16/2021

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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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 Assi and Relief	90001022	$15,000
2024	074-500589	Grants for Pub Assi 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	$1,788,808

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 # 165835-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	$3,246,520

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 - Capital 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

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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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	$8,861,720

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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

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 Date: 6/13/2022		1.12 Name and Title of Contractor Signatory Lauren Pearson Executive Director	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 6/14/2022		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: 6/15/2022			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

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Date 6/13/2022

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

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

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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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, [illegible]ly

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

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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.

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): 10.70%

Line Item	COVID Response	Public Health Advisory Council (50% PH-50% BDAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	Overdose Prevention (ends 8/29/22)	Health Disparities Community Health Worker
1. Salary & Wages	$27,924	$18,415	$48,364	$8,240	$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	$50	$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				$8,000		
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	$32,438	$4,106	$2,452
Subtotals	$50,000	$30,000	$70,952	$10,000	$203,087	$25,000	$15,000
						TOTAL	$404,039

Contractor Initials: DS

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	$8,000
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

Date 6/13/2022

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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

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DocuSign Envelope ID: D7DB51E5-8394-4F9E-B278-9BD2B88B8D92

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

DocuSign Envelope ID: BC98AED7-4B9F-4316-9E0D-121EBC36F9A2

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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 (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

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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: North Country Health Consortium

6/13/2022
Date

DocuSigned by:
Lauren Pearson
Name: Lauren Pearson
Title: Executive Director

DocuSign Envelope ID: BC98AED7-4B9F-4316-9E0D-121EBC36F9A2

DocuSign Envelope ID: D7DB51E5-8394-4F9E-B276-9BD2B8888D92

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

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	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

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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 $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

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: 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: _____

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DocuSign Envelope ID: D7DB51E5-8394-4F9E-B278-9BD2B8888D92

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 Securily 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 #2

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,549,924

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.
4. Modify Exhibit B, Scope of Services, to add Section 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements, etc.;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC STTRONG must purchase professional liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 Professional liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.4 Policy must provide coverage for 24 months.

1.2.11.2.5 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.6 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.7 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.8 MRC STTRONG funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to add Section 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because

professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

9. 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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 9% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

11. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the Winnipesaukee Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later than 20 business days from Governor and Council approval for this Amendment #2.

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

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

State of New Hampshire
Department of Health and Human Services

3/22/2024
Date

DocuSigned by:
Iain Watt
Name: Iain Watt
Title: Interim Director - DPHS

Partnership for Public Health, Inc.

3/20/2024
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

3/23/2024
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:

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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 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

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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: 3.4.2024

Signature of Elected Officer
Name: Trish Stafford
Title: Board of Directors President

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/11/2024

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

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

PRODUCER E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	CONTACT NAME: Sidney Stevens PHONE (A/C, No, Ext): (603) 293-2791 FAX (A/C, No): (603) 293-7188 E-MAIL ADDRESS: Sidney@esinsurance.net
INSURED Partnership for Public Health, Inc. 67 Water Street, Suite 105 Laconia NH 03246	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Great American Insurance Group — GAIG INSURER B: Twin City Fire Insuance Co — 29459 INSURER C: United States Fire Insurance Co. INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 24 **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:			MAC 5601104 00	03/10/2024	03/10/2025	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 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			MAC 5601104 00	03/10/2024	03/10/2025	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 $ 10,000			UMB 5601105 00	03/10/2024	03/10/2025	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	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	01/01/2024	01/01/2025	[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	Accident Policy			US1859372	03/10/2024	03/10/2025	Accident Medical Expense	$25,000

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

Fairley Kennedy

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Partnership for Public Health

Mission Statement

To lead and partner in public health strategies across the Lakes Region and New Hampshire for safer and healthier communities.

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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, 2022 and 2021

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, 2022 and 2021

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VACHON CLUKAY
& COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
608 Chestnut Street • Manchester, New Hampshire 03104
(603) 622-7070 • Fax: (603) 622-1452 • www.vachonclukay.com

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 Audit of the Financial Statements

Opinion

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, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Partnership for Public Health, Inc. as of June 30, 2022 and 2021, 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.

Basis for Opinion

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. 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 Partnership for Public Health, Inc. 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 opinions.

Responsibilities of Management 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, 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 Partnership for Public Health Inc.'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 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 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 Partnership for Public Health Inc.'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 Partnership for Public Health Inc.'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.

Supplementary Information

Our audits were 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

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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 March 31, 2023 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 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 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 31, 2023

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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, 2022 and 2021

	2022	2021
ASSETS		
CURRENT ASSETS:		
Cash	$ 321,050	$ 278,600
Cash, restricted	206,684	468,763
Contributions receivable	355,207	435,693
Prepaid expenses	13,353	18,468
TOTAL CURRENT ASSETS	896,294	1,201,524
PROPERTY AND EQUIPMENT:		
Leasehold improvements	4,561	4,561
Furniture and equipment	14,510	14,510
	19,071	19,071
Less accumulated depreciation	(18,827)	(18,465)
PROPERTY AND EQUIPMENT, NET	244	606
OTHER NONCURRENT ASSETS:		
Investments	77,416	52,268
Investment in LLC		700
Deposit	2,981	2,981
TOTAL OTHER NONCURRENT ASSETS	80,397	55,949
TOTAL ASSETS	$ 976,935	$ 1,258,079
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	$ 40,917	$ 160,626
Accrued payroll	56,354	45,598
Accrued compensated absences	28,571	40,035
Accrued other expenses	27,726	54,458
Refundable advances from grantors	26,850	180,888
Refundable advance from grantor - SBA		159,170
Fiduciary funds	2,120	2,120
Current portion of SBA note payable		57,030
TOTAL CURRENT LIABILITIES	182,538	699,925
TOTAL LIABILITIES	182,538	699,925
NET ASSETS:		
Without donor restrictions:		
Undesignated	609,674	431,525
Board designated	10,000	
With donor restrictions:		
Purpose restrictions	174,723	126,629
TOTAL NET ASSETS	794,397	558,154
TOTAL LIABILITIES AND NET ASSETS	$ 976,935	$ 1,258,079

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, 2022 and 2021

	2022	2021
CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS		
SUPPORT AND REVENUE:		
Contributions	$ 37,435	$ 9,839
In-kind support	45,174	86,007
Federal funds	1,051,563	1,520,020
State funds	318,105	840,502
Private grants and awards	45,001	114,467
Special events	491	1,069
Agent fees	111,105	141,195
Miscellaneous income	11,622	900
Interest income	1,556	6,647
SBA PPP debt forgiveness	161,204	
Net assets released from donor restrictions	61,807	125,072
TOTAL SUPPORT AND REVENUE WITHOUT DONOR RESTRICTIONS	1,845,063	2,845,718
EXPENSES:		
Program services	1,415,282	2,543,330
Supporting services:		
Management and general	241,632	235,187
Fundraising and development		3,898
Total supporting services	241,632	239,085
TOTAL EXPENSES	1,656,914	2,782,415
INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	188,149	63,303
CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS		
Contributions	22,450	31,534
Private grants and awards	84,347	20,500
Special events	2,600	2,000
Miscellaneous income	504	
Net assets released from donor restrictions	(61,807)	(125,072)
INCREASE (DECREASE) IN NET ASSETS WITH DONOR RESTRICTIONS	48,094	(71,038)
CHANGE IN NET ASSETS	236,243	(7,735)
NET ASSETS, JULY 1	558,154	565,889
NET ASSETS, JUNE 30	$ 794,397	$ 558,154

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, 2022

	Program Services	Management and General	Total Expenses
SALARIES AND RELATED EXPENSES:			
Salaries	$ 631,864	$ 191,332	$ 823,196
Employee benefits	81,934	13,188	95,122
Payroll taxes	48,122	15,829	63,951
	761,920	220,349	982,269
OTHER EXPENSES:			
Contract services	67,243	2,141	69,384
Contract and grant subcontractors	133,025	3,780	136,805
Discretionary funds	125,000		125,000
Insurance	13,016	1,830	14,846
Occupancy	62,919	1,227	64,146
Operations	82,623	8,171	90,794
Supplies	115,609	1,163	116,772
Travel and meetings	53,244	1,042	54,286
Miscellaneous	683	1,567	2,250
Depreciation		362	362
Total	$ 1,415,282	$ 241,632	$ 1,656,914

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.
Statements of Cash Flows
For the Years Ended June 30; 2022 and 2021

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	$ 236,243	$ (7,735)
Adjustments to Reconcile Change in Net Assets to Net Cash Used by Operating Activities:		
Depreciation	362	362
SBA PPP debt forgiveness	(161,204)	
Change in assets and liabilities:		
Contributions receivable	80,486	(187,962)
Prepaid expenses	5,115	(2,844)
Accounts payable	(119,709)	(112,667)
Accrued payroll	10,756	(1,524)
Accrued compensated absences	(11,464)	5,695
Accrued other expenses	(26,732)	19,090
Refundable advances from grantors	(154,038)	(630,681)
Net Cash Used by Operating Activities	(140,185)	(918,266)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Proceeds from investments	700	235,958
Purchase of investments	(25,148)	(2,151)
Net Cash Provided (Used) by Investing Activities	(24,448)	233,807
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payment of note payable	(54,996)	-
Net Cash Used for Financing Activities	(54,996)	-
Net Decrease in Cash	(219,629)	(684,459)
Cash, beginning of year	747,363	1,431,822
Cash, ending of year	$ 527,734	$ 747,363
Supplemental Disclosures:		
In-kind donations received	$ 45,174	$ 86,007
In-kind expenses	(45,174)	(86,007)
	$ -	$ -

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, 2022 and 2021

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.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Revenues from program services are recorded when earned. Other miscellaneous revenues are recorded upon receipt.

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

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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.

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:

	2022	2021
As presented on the Statements of Financial Position -		
Cash	$ 321,050	$ 278,600
Cash, restricted	206,684	468,763
	$ 527,734	$ 747,363

Restricted Cash

Restricted cash consists 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 of certificates of deposit with terms of 5 to 12 months, are carried at their approximate market value at June 30, 2022.

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, 2022 and 2021.

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 2021, employees 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.

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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 as of the date such goods or services are received. See Note 10 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, 2022 and 2021, 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 or refundable advances from grantors, dependent on funding source and right of return, and amounts not yet received, but already awarded are recorded as contributions 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, 2022 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, 2022 and 2021, 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:

	2022	2021
Cash	$ 527,734	$ 747,363
Investments	77,416	52,268
Contributions receivable	355,207	435,693
Total Financial Assets	960,357	1,235,324
Less:		
Obligations from contractor restricted funds		(162,776)
Board designated	(10,000)	
Net assets with donor restrictions	(174,723)	(126,629)
Refundable advances from grantors	(26,850)	(180,888)
Fiduciary funds	(2,120)	(2,120)
Financial Assets Available to Meet Cash Needs for General Expenditures Within One Year	$ 746,664	$ 762,911

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 5.

NOTE 3—CONCENTRATION OF CREDIT RISK

The Entity maintains bank deposits at local financial institutions located in New Hampshire. The Entity's demand deposits and certificates of deposit are insured by the Federal Deposit Insurance Corporation (FDIC) up to a total of $250,000. As of June 30, 2022 and 2021, all of the Entity's bank deposits were fully insured.

NOTE 4—REFUNDABLE ADVANCES FROM GRANTORS

Refundable advances from grantors of $26,850 and $180,888 as of June 30, 2022 and 2021, respectively, represents unearned grant revenue on contributions from various funding agencies.

Refundable advance from grantor – 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 6 for additional information.

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NOTE 5—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 6.75% and 5.25% at June 30, 2022 and 2021, respectively. The interest rate is based on the Wall Street Journal Prime Rate as published in the Wall Street Journal. At both June 30, 2022 and 2021, the balance on the line of credit was $0.

NOTE 6—SBA NOTE PAYABLE

The SBA note payable was obtained under the Paycheck Protection Program in the amount of $216,200. Under the terms of the agreement, the Entity was eligible to apply for principal forgiveness in whole or in 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 a refundable advance from grantor and the forgiveness was recognized as revenue in the year ending June 30, 2022, including interest of $2,034. The remaining note payable balance was paid in full during the year ended June 30, 2022.

NOTE 7—NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions consist of the following donor restricted funding at June 30, 2022 and 2021:

	2022	2021
ServiceLink	$ 9,269	$ 8,707
Volunteer CERT	1,477	1,477
Laconia Youth Alliance	18,786	21,544
CERT	22,035	21,586
NH Charitable Foundation	10,285	34,317
DSRIP Incentive	13,065	17,783
IDN - various	65,436	
Gilford Neighbors	14,063	
Other	20,307	21,215
Total Net Assets with Donor Restrictions	$ 174,723	$ 126,629

NOTE 8—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, 2022 and 2021, the Entity recognized revenue of $1,369,668 (72.4%) and $2,360,522 (85.1%), 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. Other support originates from other program services, contributions, in-kind donations, and other income.

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NOTE 9—LEASE COMMITMENTS

The Entity renewed a lease for office space located in Tamworth, NH with monthly lease payments of $1,068 through June 2022. The lease was renewed through June 30, 2022 with monthly payments at $1,479. Lease expense for the years ended June 30, 2022 and June 30, 2021 were $12,822 and $12,689, respectively.

The Entity also has two leases for office spaces in Laconia, NH. An updated agreement was entered into with required payments of $2,185 through August 31, 2020. The second lease for additional office space was renewed effective June 1, 2019 reflecting payments of $795 through May 2020 and was extended at the same terms through May 2021. These agreements were amended into one lease for the units in Laconia, NH, with payments of $3,110 through June 30, 2022. Lease expense for the years ended June 30, 2022 and June 30, 2021 for these leases was $37,320 and $36,054, respectively. This agreement was extended on a month-to-month basis until September 2022 when an agreement was entered into through June 30, 2023 with monthly payments of $3,110.

The Entity entered into a 60-month equipment lease in November 2020 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 years ended June 30, 2022 and 2021 was $5,999 and $3,561, respectively.

The following is a schedule, by years, of the future minimum payments for operating leases:

Year Ended June 30,	Annual Lease Commitments
2023	$ 61,245
2024	6,430
2025	6,708
2026	3,427
	$ 77,810

NOTE 10—DONATED SERVICES, MATERIALS AND FACILITIES

The Entity receives various donated services, materials and facilities. For the years ended June 30, 2022 and 2021, there was $45,174 and $86,007, respectively, of in-kind donations recognized as revenue. In-kind donations have been included as functional expenses in these financial statements as follows:

	2022	2021
Contract services	$ 33,152	$ 41,563
Supplies	1,072	
Operations	10,950	10,950
Contract and grant subcontractors		33,494
	$ 45,174	$ 86,007

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NOTE 11—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 12—SUBSEQUENT EVENTS

In March 2023, the Entity entered into a lease agreement for additional office space with monthly payments of $5,500, through February 29, 2024.

Subsequent events have been evaluated through March 31, 2023 which is the date the financial statements were available to be issued.

NOTE 13—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, 2023. 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, 2022

Federal Grantor / Pass-Through Grantor/Program or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures
DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT			
Pass Through Payments from the County of Belknap, New Hampshire			
CDBG Entitlement Grants Cluster:			
COVID-19 - Community Development Block Grants/Entitlement Grants	14.218	CDBG-CV	$ 74,380
Total CDBG Entitlement Grants Cluster			74,380
Total Department of Housing and Urban Development			74,380
DEPARTMENT OF THE TREASURY			
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
COVID-19 - Coronavirus State and Local Fiscal Recovery Funds	21.027	Unknown	24,817
Total Department of the Treasury			24,817
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	93.008	#HITEP200045-01-01	9,622
Medical Reserve Corps Small Grant Program	93.008	#HITEP200045-02-06	2,173
			11,795
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Aging Cluster:			
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	Unknown	15,000
Pass Through Payments from University of New Hampshire			
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	Unknown	11,206
Total Aging Cluster			26,206
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	93.048	#90MP0176-03-01	17,839
Pass Through Payments from University of New Hampshire			
Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	#2018-ACL-CIP-NWBC-0285	7,897
COVID-19 - Special Programs for the Aging, Title IV, and Title II, Discretionary Projects	93.048	#COVID BEAS-ADRC	5,500
			31,236
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
National Family Caregiver Support, Title III, Part E	93.052	#2001-NHOAFC-02	72,090
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Public Health Emergency Preparedness	93.069	#NU90TP922018	86,750
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
COVID-19 - Environmental Public Health and Emergency Response	93.070	#NUE1EH001357	5,016
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Medicare Enrollment Assistance Program	93.071	#2001NHMISH-00	6,717

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, 2022

Federal Grantor / Pass-Through Grantor/Program or Cluster Title	Assistance Listing Number	Pass-Through Entity Identifying Number	Total Federal Expenditures
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	#NUE2EH001408	3,831
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	#SP020796	80,000
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Immunization Cooperative Agreements	93.268	#NH23IP922595	15,000
Direct Award Program			
Drug-Free Communities Support Program Grants	93.276	N/A	137,370
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
State Health Insurance Assistance Program	93.324	#90SA0003-02-03	21,865
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
COVID-19 - Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response	93.354	#NU90TP922106	12,494
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
COVID-19 - Activities to Support State, Tribal, Local or Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	#NH75OT000031	71,328
Pass Through Payments from the National Association of County and City Health Officials			
COVID-19 - Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health	93.421	#6NU38OT000306-03-06	8,887
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Social Services Block Grant	93.667	#2021-DLTSS-08-SERVI-05	132,386
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
National Bioterrorism Hospital Preparedness Program	93.889	#U3REP190580	10,000
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
Block Grants for Prevention and Treatment of Substance Abuse	93.959	Unknown	44,641
Block Grants for Prevention and Treatment of Substance Abuse	93.959	Unknown	69,367
Block Grants for Prevention and Treatment of Substance Abuse	93.959	Unknown	30,000
			144,008
Total Department of Health and Human Services			876,979
DEPARTMENT OF HOMELAND SECURITY			
Pass Through Payments from the State of New Hampshire Department of Health and Human Services			
COVID-19 - Disaster Grants - Public Assistance (Presidentially Declared Disasters)	97.036	#4516DRNHP00000001	31,243
Total Department of Homeland Security			31,243
Total Expenditures of Federal Awards			$ 1,007,419

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, 2022

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, 2022. 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
608 Chestnut Street • Manchester, New Hampshire 03104
(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, 2022, 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 31, 2023.

Report on 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 or significant deficiencies may exist that were not identified.

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Report on 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 Clukay & Company PC

Manchester, New Hampshire
March 31, 2023

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VACHON CLUKAY
& COMPANY PC

CERTIFIED PUBLIC ACCOUNTANTS
608 Chestnut Street • Manchester, New Hampshire 03104
(603) 622-7070 • Fax: (603) 622-1452 • www.vachonclukay.com

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

Opinion on Each Major Federal Program

We have audited Partnership for Public Health, Inc.'s compliance with the types of compliance requirements identified as subject to audit 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, 2022. 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.

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, 2022.

Basis for Opinion on Each Major Federal Program

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). 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 Partnership for Public Health, Inc. 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 each major federal program. Our audit does not provide a legal determination of Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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 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 Partnership for Public Health, Inc.'s compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with 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 Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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 Partnership for Public Health, Inc.'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.

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.

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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.

Vachon Clukay & Company PC

Manchester, New Hampshire
March 31, 2023

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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, 2022

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
93.276	Drug-Free Communities Support Program Grants
93.667	Social Services Block Grant
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 ___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 of Directors October 2023
Trisha Stafford-President eff 10/21-9/24
Michelle Lennon eff. 9/20
Lisa Garcia, eff 10/19-6/20
Margaret Franckhauser, eff. 9/20
Lori Nash, eff. 9/23
Brian Lamontagne - eff 6/19-pres; VP & Treasurer-eff 9/22
Carolyn Muller, eff. 10/21
Sarah Stanley - eff 1/20-6/20
Mark Waldner, eff. 10/22
Jessica Morton, eff. 10/22

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ATTACHMENT 2

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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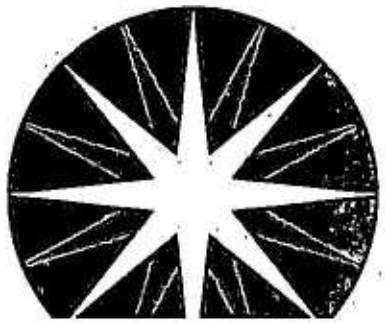

Partnership

Public Health

Key Personnel

NH Department of Health and Human Services

Name	Job Title	Annual Salary	Salary Amount Paid from this Contract
Tamera Carmichael	Executive Director	97125.00	Percentage of Indirect funds
Carissa Elphick	Deputy Director (.87 FTE)	61425.00	.24 FTE = 14,742.00
Courtney DeVost	Director of Finance and Operations	70512.00	Percentage of Indirect funds

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

January 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	$1,087,276	$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)

05-95-90-901010-6011-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 - Capital 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 - Capital 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 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: 92A32911-370C-4A82-B576-175C7370BA5D

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	$58,867	$8,418	$102,047	$11,748	$8,174	$35,277.09
2. Fringe Benefits	$3,208	$777	$8,387	$680	$31,788	$2,230	$786	$10,132.74
3. Consultants	$148	$787	$1,835	$234	$4,638	$787	$287	$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.*	$387	$317	$627	$48	$1,787	$40	$85	$570.00
5.(a) Supplies - Educational								
5.(b) Supplies - Lab								
5.(c) Supplies - Pharmacy								
5.(d) Supplies - Medical								
5.(e) Supplies Office	$1,500	$331	$430	$39	$3,194	$200	$32	$1,256.97
6. Travel	$320	$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	$902	$181	$11,500	$1,456	$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)								$270.00
Current Expense	$955	$1,775	$3,006	$430	$7,133	$533	$479	$1,973.00
Occupancy	$224	$1,486	$3,182	$401	$7,336	$877	$485	$3,721.20
Meeting Expense	$500	$405	$55	$0	$492	$100	$0	$500.00
9. Subrecipient Contracts	$10,000	$2,800	$907	$0	$4,000	$4,000	$2,757	$12,000.00
Total Direct Costs	$44,298	$26,590	$78,770	$8,850	$179,955	$22,124	$13,283	$90,170.17
Total Indirect Costs	$5,704	$3,411	$9,980	$1,151	$23,132	$2,876	$1,717	$15,338.83
Subtotals	$50,000	$30,000	$88,750	$10,000	$203,087	$25,000	$15,000	$105,509.00
							TOTAL	$525,387

Contractor Initials

Date 1/5/2023

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GAC

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Lori A. Shibinette
Commissioner

Patricia M. Tilley
Director

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

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

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.

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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.

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- 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

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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 # 165835-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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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 # 185635-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

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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-OPHS-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 TL
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 TC (DS)

Date 6/6/2022

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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 omissions of the

Contractor Initials [illegible]

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

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DocuSign Envelope ID: FCFDOCD9-7E82-4BFD-BOFC-550A7FE1CDC3

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 6/6/2022

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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
Date 6/6/2022

DocuSign Envelope ID: 92A32911-370C-4A82-B576-175C7370BA5D

DocuSign Envelope ID: FCFDDCD9-7E82-4BFD-BDFC-650A7FE1CDC3

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.

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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.

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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.

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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.

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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

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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.

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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.

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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% BOAS)	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	$9,368
2. Fringe Benefits	$3,208	$777	$6,387	$690	$31,766	$2,330	$786	$1,624
3. Consultants	$148	$767	$1,835	$234	$4,838	$767	$767	$292
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	$150
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	$3,379	$200	$0	$200
8. (c) Other - Other (specify below)								
Current Expense	$668	$1,775	$3,008	$430	$7,133	$533	$473	$473
Occupancy	$274	$1,488	$3,187	$401	$7,356	$677	$485	$590
Meeting Expense	$500	$405	$55	$0	$492	$100	$0	$0
9. Subrecipient Contracts	$10,000	$7,800	$957	$0	$4,000	$4,000	$2,752	$0
Total Direct Costs	$44,296	$30,990	$76,770	$8,850	$179,953	$22,124	$13,783	$13,283
Total Indirect Costs	$5,704	$3,411	$9,900	$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

Contractor Initials: 06
Date: 6/6/2022

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	$18,675	$60,756	$8,652	$118,733	$8,459	$0
2. Fringe Benefits	$3,464	$834	$8,860	$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

Contractor Initials: TC

Date: 6/6/2022

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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

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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.

Vendor Name: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
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: Partnership for Public Health, Inc.

6/6/2022
Date

DocuSigned by:
Tamera Carmichael
Name: Tamera Carmichael
Title: Executive Director

Vendor Initials TC
Date 6/6/2022

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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

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

DS
TC
Contractor Initials
6/6/2022
Date

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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.

Contractor Initials DS

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

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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

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

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

f. Within five (5) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the Agreement.

g. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.

h. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.

i. Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

j. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.

k. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within two (2) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

l. Within ten (10) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from, or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-up tapes of such PHI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as Business

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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 by:	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

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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 $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

Contractor Initials TC
Date 6/6/2022

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: 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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

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

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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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 #2

This Amendment to the Regional Public Health Networks 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), as amended on February 8, 2023 (Item #40) the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

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

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   June 30, 2026

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,578,908

3. Modify Exhibit B, Scope of Services, Section 1.2.8, to be removed in its entirety.

4. Modify Exhibit B, Scope of Services, to add Section 1.2.9.8, to read:

   1.2.9.8. Funding for the Health Disparities Community Health Worker ends June 30, 2025.

5. Modify Exhibit B Amendment #1, Scope of Services, Section 1.2.11.1.19, to read:

   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.

   1.2.11.1.19.3. The Contractor must purchase supplies or equipment to achieve or maintain minimum inventory par levels as directed by the Department.

   1.2.11.1.19.4. Purchasing supplies and/or equipment to support point of dispensing (POD) trailers or caches, Medical Surge Trailers, Mass Casualty incident (MCI) trailers or caches, or disaster sheltering trailers or caches.

   1.2.11.1.19.5. The Contractor must receive Department approval prior to making any purchase to ensure the purchase supports the overall inventory management project.

   1.2.11.1.19.6. The Contractor must retain any purchases made, regardless of expiration date(s), unless otherwise directed by the Department.

   1.2.11.1.19.7. The Contractor must store the supplies or equipment according to manufacturer recommendations.

1.2.11.1.19.8. As funding allows, the Contractor must maintain the Medical Reserve Corp (MRC) trailers to ensure they are readily deployable, which includes:

1.2.11.1.19.8.1. Trailer maintenance, comprising routine inspections, tire replacements, etc.;

1.2.11.1.19.8.2. Purchasing supplies to maintain the inventory; and

1.2.11.1.19.8.3. Registration or inspection fees (if applicable).

1.2.11.1.19.9. The Contractor is responsible for providing written notification to the Department if they cannot fulfill all requirements in Section 1.2.11.1.19.

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

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

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

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

1.2.11.1.19.10.4. Reimburse MRC volunteers' mileage who attend the following trainings and/or exercises, as required by the Department:

1.2.11.1.19.10.4.1. CPR/First Aid Certification (individual certification or Train-the-Trainer classes).

1.2.11.1.19.10.4.2. Stop the Bleed.

1.2.11.1.19.10.4.3. Sheltering training and drills.

1.2.11.1.19.10.4.4. Triage training and drills.

1.2.11.1.19.10.4.5. Survivor and Family Assistance Center (SFAC) training and drills.

1.2.11.1.19.10.4.6. Neighborhood Emergency Help Center (NEHC) seminar and tabletop exercise.

1.2.11.1.19.10.4.7. Other training or exercises as approved by the Department.ps

1.2.11.1.19.10.5. Reimburse mileage at the IRS-approved rate.

6. Modify Exhibit B, Scope of Services, to add Section 1.2.11.2 to read:

1.2.11.2 Volunteer General Liability Insurance Coverage

1.2.11.2.1 The RPHN receiving MRC Liability funds must purchase general liability insurance coverage for their active MRC volunteers within thirty (30) days of the contract effective date.

1.2.11.2.1.1 Active is defined as participating in an RPHN-led volunteer MRC activity in the previous twelve (12) months from contract effective date.

1.2.11.2.2 The RPHN may reimburse the MRC volunteer who chooses to purchase their own liability protection. A maximum of $200 per volunteer per twelve (12)-month coverage period is allowed, unless otherwise approved by the Department.

1.2.11.2.3 General liability insurance coverage must include:

1.2.11.2.3.1 $1,000,000 each occurrence.

1.2.11.2.3.2 $6,000,000 general aggregate.

1.2.11.2.4 Policies must provide coverage for the MRC volunteer's current license level (i.e., Registered Nurse, Physician Assistant, etc.).

1.2.11.2.5 The RPHN may purchase an upgraded policy to reflect the current license level if the volunteer's license level changes during the insurance coverage period.

1.2.11.2.6 Policy must provide coverage for 24 months.

1.2.11.2.7 Coverage obtained for 12 months will be accepted, only with an option to renew for an additional 12 months.

1.2.11.2.8 MRC STTRONG Funds must be spent by May 31, 2025.

7. Modify Exhibit B, Scope of Services, to add subparagraph 1.2.12.11, to read:

1.2.12.11. Funding for the Public Health Emergency Preparedness: COVID-19 Response ends June 30, 2025.

8. Modify Exhibit B, Scope of Services, to add Section 1.3.9, to read:

1.3.9 The RPHN must complete report annually, due by June 30th, which includes the following:

1.3.9.1 Number of new policies purchased and reimbursed.

1.3.9.1.1 By license level.

1.3.9.1.2 The coverage effective period(s).

1.3.9.2 Number of renewal policies purchased and reimbursed.

1.3.9.2.1 By license level.

1.3.9.2.2 The coverage effective period(s).

1.3.9.2.3 Number of policies upgraded due to license level changes.

1.3.9.2.4 Cumulative number of claims against a Department-funded policy, per State Fiscal Year.

1.3.9.2.5 Number of individuals who became an MRC volunteer because

professional liability insurance was provided.

1.3.9.2.6 Increased participation rates of MRC volunteers due to professional liability insurance coverage provided.

9. 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.

1.1.8 Investing in New Hampshire's Medical Reserve Corp (MRC) Volunteers, as awarded on June 1, 2023, by the US Department of Health and Human Services, CFDA 93.008, FAIN U3REP230690.

1.2. 5% General funds.

10. 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, Budget Sheet, Amendment #1, through Exhibit C-4, Budget Sheet, Amendment #2.

11. Modify Exhibit C, Payment Terms, Section 3, to add subsection 3.1, to read:

3.1. The Contractor must submit a detailed budget for the Monadnock Area Regional Public Health Network to the Department for SFY 24, SFY 25 and SFY 26 utilizing the Department's provided template, for review and approval no later than 20 business days from Governor and Council approval for this Amendment #2.

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

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

State of New Hampshire
Department of Health and Human Services

3/20/2024
Date

DocuSigned by:
Iain Watt
Name: Iain Watt
Title: Interim Director - DPHS

Cheshire Medical Center

3/20/2024
Date

DocuSigned by:
Daniel Gross
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

3/23/2024
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:

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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: 0006605517

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 March A.D. 2024.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Elizabeth Cotter, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Cheshire Medical Center.

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 August 24, 2023, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Daniel Gross, Joseph Perras, and Kathryn Willbarger are duly authorized on behalf of Cheshire Medical Center 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 was **valid thirty (30) days prior to and 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: March 12, 2024

Elizabeth Cotter

Elizabeth Cotter
Secretary

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CERTIFICATE OF INSURANCE

DATE: August 31, 2023

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
(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	0002023-A	7/1/2023	7/1/2024	EACH OCCURRENCE	$1,000,000
				DAMAGE TO RENTED PREMISES	$1,000,000
X CLAIMS MADE				MEDICAL EXPENSES	N/A
OCCURRENCE				PERSONAL & ADV INJURY	$1,000,000
				GENERAL AGGREGATE	$3,000,000
OTHER				PRODUCTS-COMP/OP AGG	$1,000,000
PROFESSIONAL LIABILITY	0002023-A	7/1/2023	7/1/2024	EACH CLAIM	$1,000,000
X CLAIMS MADE				ANNUAL AGGREGATE	$3,000,000
OCCURENCE					
OTHER					

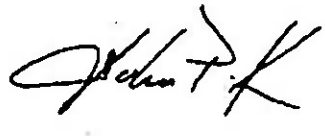
DESCRIPTION OF OPERATIONS/ LOCATIONS/ VEHICLES/ SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO RETENTIONS)
Certificate is issued as evidence of insurance.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health 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, 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 LSTILES

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/10/2023

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 # 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 #
	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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N	N/A		AGC4066582	7/1/2023	7/1/2024	X PER STATUTE ☐ OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
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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3- Year Strategic Plan : Our 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.

OUR 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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Cheshire Medical Center and Subsidiaries

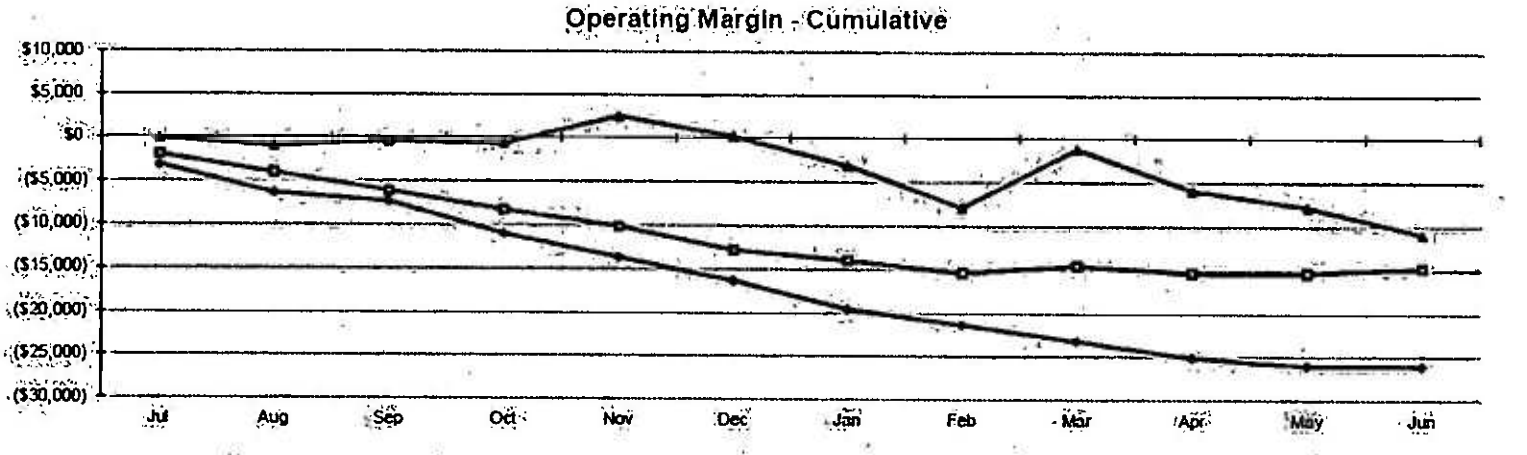
Consolidated Financial Statements and Supporting Exhibits

For the Fiscal Year Ended June 30, 2023

	Exhibit
Statements of Operations - Cheshire Medical Center and Subsidiaries - Cheshire Medical Center - Cheshire Health Foundation	I
Cheshire Medical Center Key Performance Measures	II
Consolidated Key Financial Health Measures	III
Consolidated Financial Statements	IV
Consolidating Financial Statements	V

Cheshire Medical Center and Subsidiaries
Consolidated Statement of Operations
For the period ended June 30, 2023
($ In 000s)

Current Month				Year-to-Date		
Actual	Budget	Variance		Actual	Budget	Variance
			Operating revenue and other support			
$ 21,834	$ 22,726	$ (892)	Net patient service revenue	$ 236,225	$ 252,730	$ (16,505)
-	-	-	Contracted revenue	84	-	84
829	843	(14)	Other operating revenue	13,878	11,679	2,199
32	24	8	Net assets released from restrictions	747	781	(34)
22,695	23,593	(898)	Total operating revenue and other support	250,934	265,190	(14,256)
			Operating expenses			
3,535	3,508	(27)	Physician salaries	41,861	41,359	(502)
8,158	8,044	(114)	Staff salaries	102,924	101,870	(1,054)
2,632	2,843	211	Employee benefits	33,677	34,135	458
2,477	2,590	113	Medications	27,849	30,134	2,285
1,467	1,332	(135)	Medical Supplies	17,224	15,984	(1,240)
4,162	3,716	(446)	Purchased services and other	44,963	44,944	(19)
911	775	(136)	Medicaid enhancement tax	9,844	9,300	(544)
894	822	(72)	Depreciation, amortization and interest	9,976	9,791	(185)
24,236	23,630	(606)	Total operating expenses	288,318	287,517	(801)
(1,541)	(37)	(1,504)	Operating loss before DSH and Stimulus	(37,384)	(22,327)	(15,057)
1,516	631	885	Medicaid Uncompensated Care Payment (DSH)	9,662	7,572	2,090
-	-	-	Federal stimulus and other support	1,671	-	1,671
$ (25)	$ 594	$ (619)	Operating margin (loss)	$ (26,051)	$ (14,755)	$ (11,296)
-0.1%	2.5%		Operating margin (loss) %	-9.9%	-5.4%	



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Actual FY23	($3,141)	($3,254)	($919)	($3,692)	($2,708)	($2,597)	($3,253)	($1,792)	($1,866)	($1,898)	($906)	($25)
Budget FY23	($1,940)	($2,122)	($2,061)	($2,129)	($1,907)	($2,669)	($1,177)	($1,362)	$851	($836)	$3	$594
Actual FY22	($76)	($903)	$596	($267)	$3,153	($2,289)	($3,309)	($4,809)	$6,750	($4,717)	($1,928)	($3,078)

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Cheshire Medical Center
Statement of Operations
For the period ended June 30, 2023
($ in 000s)

Current Month				Year-to-Date		
Actual	Budget	Variance		Actual	Budget	Variance
			Operating revenue and other support			
$ 21,831	$ 22,726	$ (895)	Net patient service revenue	$ 236,213	$ 252,730	$ (16,517)
-	-	-	Contracted revenue	84	-	84
825	837	(12)	Other operating revenue	13,819	11,614	2,205
31	24	7	Net assets released from restrictions	746	781	(35)
22,687	23,587	(900)	Total operating revenue and other support	250,862	265,125	(14,263)
			Operating expenses			
3,535	3,508	(27)	Physician salaries	41,861	41,359	(502)
8,156	8,044	(112)	Staff salaries	102,892	101,870	(1,022)
2,632	2,843	211	Employee benefits	33,668	34,135	467
2,477	2,590	113	Medications	27,849	30,134	2,285
1,467	1,332	(135)	Medical Supplies	17,224	15,984	(1,240)
4,136	3,706	(430)	Purchased services and other	44,832	44,831	(1)
911	775	(136)	Medicaid enhancement tax	9,844	9,300	(544)
890	822	(68)	Depreciation, amortization and interest	9,884	9,791	(93)
24,204	23,620	(584)	Total operating expenses	288,054	287,404	(650)
(1,517)	(33)	(1,484)	Operating loss before DSH and Stimulus	(37,192)	(22,279)	(14,913)
1,516	631	885	Medicaid Uncompensated Care Payment (DSH)	9,662	7,572	2,090
-	-	-	Federal stimulus and other support	1,671	-	1,671
$ (1)	$ 598	$ (599)	**Operating margin (loss)**	$ (25,859)	$ (14,707)	$ (11,152)
0.0%	2.5%		**Operating margin (loss) %**	-9.9%	-5.4%	

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Cheshire Health Foundation
Statement of Operations
For the period ended June 30, 2023
($ in 000s)

Current Month				Year-to-Date		
Actual	Budget	Variance		Actual	Budget	Variance
			Operating revenue and other support			
$ 6	$ 5	$ 1	Other operating revenue	$ 85	$ 64	$ 21
1	-	1	Net assets released from restrictions	1	-	1
7	5	2	Total operating revenue and other support	86	64	22
			Operating expenses			
2	-	(2)	Staff salaries	25	-	(25)
-	-	-	Employee benefits	7	-	(7)
17	9	(8)	Purchased services and other	135	112	(23)
2	-	(2)	Depreciation, amortization and interest	69	-	(69)
21	9	(12)	Total operating expenses	236	112	(124)
$ (14)	$ (4)	$ (10)	**Operating loss**	$ (150)	$ (48)	$ (102)
-200.0%	-80.0%		**Operating loss %**	-174.4%	-75.0%	

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Cheshire
Key Performance Measures
For the Year Ending June 30, 2023

Current Month					Year-to-Date			
June 2023	Budget	Fav / Unfav Change	Fav / Unfav %		June 2023	Budget	Fav / Unfav Change	Fav / Unfav %
				Patient Access and Activity				
21,507	23,930	(2,423)	-10.1%	**Appointments**	253,448	273,301	(19,853)	-7.3%
				Hospital*				
316	368	(52)	-14.1%	Discharges	3,406	4,109	(703)	-17.1%
1,773	1,888	(115)	-6.1%	Patient Days	19,791	23,291	(3,500)	-15.0%
5.61	5.13	(0.48)	-9.4%	Length of Stay	5.81	5.69	(0.12)	-2.1%
1,834	1,948	(114)	-5.9%	Adult Patient Days	21,392	24,108	(2,716)	-11.3%
100	115	(15)	-13.0%	CHaD / OB Patient Days	1,236	1,284	(48)	-3.7%
100	100	-	0.0%	Average Adult Bed Capacity	100	100	-	0.0%
15	15	-	0.0%	Average CHaD / OB Bed Capacity	15	15	-	0.0%
61.1%	64.9%	-3.8%	-5.9%	Adult Average Occupancy *(based on average bed capacity)*	58.6%	66.0%	-7.4%	-11.2%
22.2%	25.6%	-3.4%	-13.3%	CHaD / OB Average Occupancy *(based on average bed capacity)*	22.6%	23.5%	-0.9%	-3.8%
				Case Mix Index**				
1.5502	1.4975	0.0527	3.5%	Inpatient	1.5023	1.4975	0.0048	0.3%
381	440	(59)	-13.4%	**Surgical Cases**	4,511	5,100	(589)	-11.5%
				Other				
2,132	1,958	174	8.9%	Emergency Department Visits	24,907	22,700	2,207	9.7%
				Staffing				
				Physician				
130.6	121.7	(8.9)	-7.3%	Clinical and Other	131.3	120.8	(10.5)	-8.7%
1,089.5	1,226.1	136.6	11.1%	**Staff & APPs**	1,160.3	1,229.0	68.7	5.6%
				Productivity				
63,385	59,811	3,574	6.0%	**Work RVUs**	699,823	670,503	29,320	4.4%
				Work RVUs per Clinical Physician FTE				
711	607	104	17.1%	Average	7,305	6,793	512	7.5%

* Excludes Newborn, Observation, ADMNO, and SDNO.
** Case Mix Index is now reported as Inpatient only and excludes newborn discharges.

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Cheshire Medical Center and Subsidiaries
Consolidated Key Financial Health Measures

	Fiscal Year-23 Budget/ Covenant Requirements	Fiscal Year Ended Jun-21 *(audited)*	Fiscal Year Ended Jun-22 *(audited)*	Fiscal Year Ended Jun-23 *(unaudited)*
Operating Margin (%)	-5.4%	-1.3%	-4.2%	-9.9%
Total Margin (%)	-5.5%	1.4%	-4.4%	-8.6%
EBITDA (%)	-1.9%	5.4%	-0.7%	-4.8%
Unrestricted Days Cash on Hand **	32	101	63	38
Long-Term Debt-to-Capitalization	28.2%	25.4%	28.2%	46.4%
Annual Debt Service Coverage	>1.10x	4.02	0.17	-6.38
Days in Accounts Receivable, net	30.5	23.2	30.5	28.1

** Unrestricted Days Cash on Hand excluding the Medicare Advanced Payments and Payroll Tax Relief in June 2022 and June 2021 would be 44 and 52, respectively. The amounts for.Medicare Advanced Payments and Payroll Tax Relief have been repaid as of December 2022.

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Cheshire Medical Center and Subsidiaries
Consolidated Balance Sheets
($ in 000s)

	June 2023 (unaudited)	June 2022 (audited)
Assets		
Current assets		
Cash and cash equivalents	$ 15,911	$ 32,500
Patient accounts receivable, net	17,253	18,106
Prepaid expenses and other current assets	1,504	8,296
Total current assets	34,668	58,902
Assets limited as to use		
Internally designated by board	13,376	13,183
Total assets limited as to use	13,376	13,183
Other investments for restricted activities	34,711	37,124
Property, plant and equipment, net	72,289	66,385
Right of use assets, net	2,145	1,830
Other assets	7,130	8,316
Total assets	$ 164,319	$ 185,740
Liabilities and Net Assets		
Current liabilities		
Current maturities of long-term debt	$ 915	$ 865
Current portion of lease obligations	735	689
Accounts payable and accrued expenses	22,818	16,727
Accrued compensation and benefits	5,406	6,817
Estimated third party settlements	4,928	22,999
Total current liabilities	34,802	48,097
Notes payable, related party	10,477	-
Long-term debt, excluding current portion	20,907	21,867
Long-term lease obligations, excluding current portion	1,493	1,233
Insurance deposits and related liabilities	500	623
Liability for pension and other postretirement plan benefits	8,888	7,774
Other liabilities	1,500	1,109
Total liabilities	78,567	80,703
Net assets		
Net assets without donor restrictions	37,307	56,674
Net assets with donor restrictions	48,445	48,363
Total net assets	85,752	105,037
Total liabilities and net assets	$ 164,319	$ 185,740

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Cheshire Medical Center and Subsidiaries
Consolidated Statement of Operations and Changes in Net Assets
For the Fiscal Year Ended June 30, 2023 and 2022
($ in 000s)

	June 2023 (unaudited)	June 2022 (audited)
Operating revenue and other support		
Net patient service revenue	$ 236,225	$ 229,188
Contracted revenue	84	165
Other operating revenue	13,878	9,942
Net assets released from restrictions	747	821
Total operating revenue and other support	250,934	240,116
Operating expenses		
Salaries	144,785	135,116
Employee benefits	33,677	31,770
Medications	27,849	28,476
Medical Supplies	17,224	14,727
Purchased services and other	44,963	42,936
Medicaid enhancement tax	9,844	9,469
Depreciation and amortization	8,945	8,895
Interest	1,031	914
Total operating expenses	288,318	272,303
Operating loss before DSH and Stimulus	(37,384)	(32,187)
Medicaid Uncompensated Care Payment (DSH)	9,662	7,457
Federal stimulus and other support	1,671	13,853
Operating loss	(26,051)	(10,877)
Nonoperating gains (losses)		
Investment gains (losses)	2,390	(2,166)
Other, net	939	1,466
Total nonoperating gains (losses)	3,329	(700)
Deficiency of revenue over expenses	(22,722)	(11,577)
Net assets without donor restrictions		
Net assets released from restrictions	691	53
Change in additional minimum pension liability	(2,535)	(4,496)
Net assets transferred from affiliates	5,199	4,108
Decrease in net assets without donor restrictions	(19,367)	(11,912)
Net assets with donor restrictions		
Gifts, bequests, sponsored activities	41	4,090
Investment gains	1,543	241
Change in net unrealized losses on investments	(64)	(1,669)
Reclassification of net assets	-	(1)
Net assets released from restrictions	(1,438)	(874)
Increase in net assets with donor restrictions	82	1,787
Decrease in net assets	(19,285)	(10,125)
Net assets, beginning of period	105,037	115,162
Net assets, end of period	$ 85,752	$ 105,037

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Cheshire Medical Center and Subsidiaries
Consolidated Statement of Cash Flows
For the Twelve Months Ended June 30, 2023 and 2022
($ in 000s)

	June 2023	June 2022
Cash flows from operating activities		
Change in net assets	$ (19,285)	$ (10,125)
Adjustments to reconcile change in net assets to net cash provided by operating and non-operating activities		
Depreciation and amortization	8,959	8,909
Amortization of bond issuance (premium) and cost, net	(20)	(21)
Amortization expense portion of lease expense	628	606
Principal payments on right of use lease obligations - operating	(625)	(598)
Change in funded status of pension and other postretirement benefits	2,535	4,496
Net realized (losses) gains and change in net unrealized gains on investments	(3,694)	5,073
Restricted contributions and investment earnings	(590)	(914)
Changes in assets and liabilities		
Patient accounts receivable, net	853	(4,868)
Prepaid expenses and other current assets	6,792	1,899
Other assets, net	1,186	1,971
Accounts payable and accrued expenses	6,091	4,694
Accrued compensation and related benefits	(1,411)	(1,831)
Estimated third-party settlements	(18,071)	(8,227)
Insurance deposits and related liabilities	(123)	148
Liability for pension and other postretirement benefits	(1,421)	(2,008)
Other liabilities	391	(3,115)
Net cash used in operating and non-operating activities	(17,805)	(3,911)
Cash flows from investing activities		
Purchase of property, plant, and equipment	(14,608)	(7,534)
Purchases of investments	(812)	-
Proceeds from maturities and sales of investments	12,226	-
Net cash used in investing activities	(3,194)	(7,534)
Cash flows from financing activities		
Change in notes payable	4,977	-
Repayment of long-term debt	(890)	(865)
Principal payments on capital leases	(267)	(269)
Restricted contributions and investment earnings	590	914
Net cash provided by (used in) financing activities	4,410	(220)
Decrease in cash and cash equivalents	(16,589)	(11,665)
Cash and cash equivalents		
Beginning of year	32,500	44,165
End of period	$ 15,911	$ 32,500

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Cheshire Medical Center and Subsidiaries
Consolidating Balance Sheets
As of June 30, 2023
($ in 000s)

	Cheshire Medical Center	Cheshire Health Foundation	Keene Health Services	Eliminations	Cheshire Medical Center and Subsidiaries
Assets					
Current assets					
Cash and cash equivalents	$ 14,079	1,838	(6)	-	15,911
Patient accounts receivable, net	17,253	-	-	-	17,253
Prepaid expenses and other current assets	3,071	894	1,383	(3,844)	1,504
Total current assets	34,403	2,732	1,377	(3,844)	34,668
Assets limited as to use					
Internally designated by board	13,376	-	-	-	13,376
Total assets limited as to use	13,376	-	-	-	13,376
Other investments for restricted activities	11,399	23,312	-	-	34,711
Property, plant and equipment, net	69,063	2,765	461	-	72,289
Right of use assets, net	2,145	-	-	-	2,145
Other assets	1,240	5,429	127	334	7,130
Total assets	$ 131,626	34,238	1,965	(3,510)	164,319
Liabilities and Net Assets					
Current liabilities					
Current maturities of long-term debt	$ 915	-	-	-	915
Current portion of lease obligations	735	-	-	-	735
Accounts payable and accrued expenses	22,694	1,500	2,468	(3,844)	22,818
Accrued compensation and benefits	5,406	-	-	-	5,406
Estimated third party settlements	4,928	-	-	-	4,928
Total current liabilities	34,678	1,500	2,468	(3,844)	34,802
Notes payable, related party	10,477	-	-	-	10,477
Long-term debt, excluding current portion	20,907	-	-	-	20,907
Long-term lease obligations, excluding current portion	1,493	-	-	-	1,493
Insurance deposits and related liabilities	500	-	-	-	500
Liability for pension and other postretirement plan benefits	8,888	-	-	-	8,888
Other liabilities	1,500	-	-	-	1,500
Total liabilitites	78,443	1,500	2,468	(3,844)	78,567
Net assets					
Net assets without donor restrictions	33,735	3,741	(503)	334	37,307
Net assets with donor restrictions	19,448	28,997	-	-	48,445
Total net assets	53,183	32,738	(503)	334	85,752
Total liabilities and net assets	$ 131,626	34,238	1,965	(3,510)	164,319

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Cheshire Medical Center and Subsidiaries
Consolidating Statements of Operations and Changes in Net Assets
For the Fiscal Year Ended June 30, 2023
($ in 000s)

	Cheshire Medical Center	Cheshire Health Foundation	Keene Health Services	Eliminations	Cheshire Medical Center and Subsidiaries
Operating revenue and other support					
Net patient service revenue	$ 236,225	-	-	-	236,225
Contracted revenue	84	-	-	-	84
Other operating revenue	13,819	85	46	(72)	13,878
Net assets released from restrictions	746	1	-	-	747
Total operating revenue and other support	250,874	86	46	(72)	250,934
Operating expenses					
Salaries	144,753	25	7	-	144,785
Employee benefits	33,668	7	2	-	33,677
Medications	27,849	-	-	-	27,849
Medical Supplies	17,224	-	-	-	17,224
Purchased services and other	44,831	135	69	(72)	44,963
Medicaid enhancement tax	9,844	-	-	-	9,844
Depreciation and amortization	8,853	69	23	-	8,945
Interest	1,031	-	-	-	1,031
Total operating expenses	288,053	236	101	(72)	288,318
Operating loss before DSH	(37,179)	(150)	(55)	-	(37,384)
Medicaid Uncompensated Care Payment (DSH)	9,662	-	-	-	9,662
Federal stimulus and other support	1,671	-	-	-	1,671
Operating loss	(25,846)	(150)	(55)	-	(26,051)
Operating loss %	(9.9%)	(174.4%)	(119.6%)	-	(9.9%)
Nonoperating gains					
Investment gains	1,682	708	-	-	2,390
Other, net	939	-	-	-	939
Total nonoperating gains	2,621	708	-	-	3,329
(Deficiency) excess of revenue over expenses	(23,225)	558	(55)	-	(22,722)
Net assets without donor restrictions					
Net assets released from restrictions	691	-	-	-	691
Change in additional minimum pension liability	(2,535)	-	-	-	(2,535)
Net assets transferred to affiliate	5,158	32	9	-	5,199
(Decrease) increase in net assets without donor restrictions	(19,911)	590	(46)	-	(19,367)
Net assets with donor restrictions					
Gifts, bequests, sponsored activities	1,225	(1,184)	-	-	41
Investment gains	867	676	-	-	1,543
Change in net unrealized losses on investments	-	(64)	-	-	(64)
Net assets released from restrictions	(1,437)	(1)	-	-	(1,438)
Increase (decrease) in net assets with donor restrictions	655	(573)	-	-	82
(Decrease) increase in net assets	(19,256)	17	(46)	-	(19,285)
Net assets, beginning of period	72,439	32,721	(457)	334	105,037
Net assets, end of period	$ 53,183	32,738	(503)	334	85,752

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Dartmouth Health

Cheshire Medical Center

2024
Board of Trustees

Susan Abert

Mark Bodin

Michael Chelstowsky

Elizabeth Cotter

Barbara Duckett

Mark Gavin

Michael Farhm

Cherie Holmes

Stephen LeBlanc

Maria Padin

Dan Smith

Andrew Tremblay

Michael Waters

Joseph Perras

Gina O'Brien

Leslie Pitts

Mission

To lead our community to optimal health and wellness through our clinical and service excellence, collaboration, and compassion for every patient, every time.

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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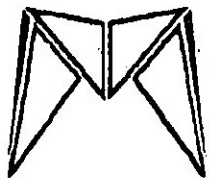

Maera Cramer

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.

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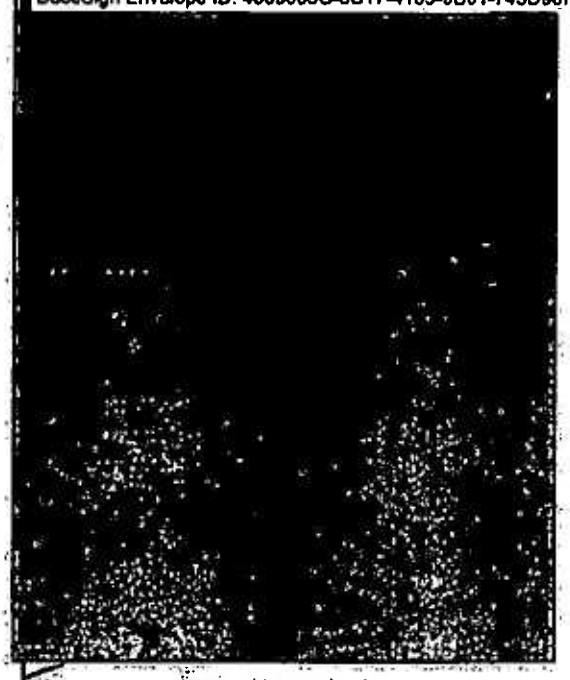

MEGGS WELNAK

COMMUNITY ENGAGEMENT CONTENT MANAGER
THE CENTER FOR POPULATION HEALTH
CHESHIRE MEDICAL CENTER

[redacted] [redacted] [redacted]

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 aborate 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 employees access to the Army Gar son, to ensure comp ance w th the U.S. Forces nsta at ons n the European Theater Regu at ons and a oca Gar son po c es.

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

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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

[redacted]

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

[redacted]

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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

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.

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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

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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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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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

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	168055	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)

05-05-92-920510-3380 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 - Capital 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 - Capital 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 - Capital 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 - Capital 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 - Capital 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 # 165835-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 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
Name: Patricia M. Tilley
Title: Director

The Cheshire Medical Center

1/12/2023
Date

DocuSigned by:
Daniel Gross
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
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: A500F407-C170-4066-965D-5F37899BBD12

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	$35,186	$9,790	$5	$5,729	$71,791	$0	$2,325	$61,194
2. Fringe Benefits	$10,233	$2,837	$1	$1,867	$20,881	$0	$793	$17,748
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	$184,615	$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: Daniel Gross

Date: 3/12/2023

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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.

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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.

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- 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 - Capital 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 - Capital 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 Assi and Relief	92059502	$70,427
2024	074-500589	Grants for Pub Assi 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 #177877-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 - Capital 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

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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-OPHS-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	Date: 6/6/2022	1.12 Name and Title of Contractor Signatory Daniel Gross CFO	
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 DG
Date 6/6/2022

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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 6/6/2022

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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 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.

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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

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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.

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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

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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.

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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

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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.

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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

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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.

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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."

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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.

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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.

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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.

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

EXHIBIT C

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: *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	$33,184	$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	$2,853
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	$3,000	$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	$868
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	$43,453	$27,273	$77,423	$9,091	$184,625	$22,727	$11,636	$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	$433,251

Contractor Initials DG 03
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% BOAS)	Public Health Emergency Preparedness	Hospital Preparedness	Substance Misuse	School-Based Vaccination Clinics
1. Salary & Wages	$35,048	$10,843	$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	$2,878	$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	$184,825	$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

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Date 6/6/2022

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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

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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.

Vendor Name: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

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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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials DG
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 (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: Cheshire Medical Center

6/6/2022
Date

DocuSigned by:
Daniel Gross
Name: Daniel Gross
Title: CFO

New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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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

DocuSign Envelope ID: A500F407-C170-4066-965D-5F37899BBD12

DocuSign Envelope ID: C3D274B4-46D7-4BEF-A7C5-78439C38B909

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
Name: Daniel Gross
Title: CFO

DocuSign Envelope ID: A500F407-C170-4066-965D-5F37899BBD12

DocuSign Envelope ID: C3D274B4-46D7-4BEF-A7C5-78439C38B909

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.

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l. "Required by Law" shall have the same meaning as the term "required by law" in 45 CFR Section 164.103.

m. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his/her designee.

n. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 164, Subpart C, and amendments thereto.

o. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

p. Other Definitions - All terms not otherwise defined herein shall have the meaning established under 45 C.F.R. Parts 160, 162 and 164, as amended from time to time, and the HITECH
Act.

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

a. Business Associate shall not use, disclose, maintain or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under Exhibit A of the Agreement. Further, Business Associate, including but not limited to all its directors, officers, employees and agents, shall not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

b. Business Associate may use or disclose PHI:
   I. For the proper management and administration of the Business Associate;
   II. As required by law, pursuant to the terms set forth in paragraph d. below; or
   III. For data aggregation purposes for the health care operations of Covered Entity.

c. To the extent Business Associate is permitted under the Agreement to disclose PHI to a third party, Business Associate must obtain, prior to making any such disclosure, (i) reasonable assurances from the third party that such PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (ii) an agreement from such third party to notify Business Associate, in accordance with the HIPAA Privacy, Security, and Breach Notification Rules of any breaches of the confidentiality of the PHI, to the extent it has obtained knowledge of such breach.

d. The Business Associate shall not, unless such disclosure is reasonably necessary to provide services under Exhibit A of the Agreement, disclose any PHI in response to a request for disclosure on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity has an opportunity to object to the disclosure and to seek appropriate relief. If Covered Entity objects to such disclosure, the Business

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

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

(3) Obligations and Activities of Business Associate.

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

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

- 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

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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

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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 $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

Contractor Initials DG
Date 6/6/2022

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: 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: _____

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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.).

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

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

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/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