

Frank Edelblut  
Commissioner



Christine Brennan  
Deputy Commissioner

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JH

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
25 Hall Street  
Concord, N.H. 03301

April 24, 2024

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

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a **sole source** amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870) Concord, NH, by increasing the price limitation by \$440,600 from \$2,354,000 to \$2,794,600 with no change to the project completion date to implement behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2024. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), and August 17, 2022 (Item # 67), modified on September 20, 2022, amended on December 21, 2022 (Item #108), and modified on November 29, 2023. 100% Federal Funds.

Funds are available in the following accounts in Fiscal Years 2024 and 2025 with the authority to adjust budget line items within the price limitation and encumbrances between Fiscal Years through the Budget Office, if needed and justified.

06-56-56-562010-24370000 ESSER III-ARP Act 2021

Fiscal Year	Class/ Account	Class Title	Current Budget	Increase (Decrease) Amount	Revised Budget
2021-22	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
2023	102-500731	Contracts for Prog Serv	\$250,000.00	\$0	\$250,000.00
2024	102-500731	Contracts for Prog Serv	\$897,000.00	\$45,000.00	\$912,000.00
2025	102-500731	Contracts for Prog Serv	\$0	\$395,600.00	\$395,600.00
Total			\$1,557,600.00	\$440,600.00	\$1,557,600.00

06-56-56-562010-19580000 ESSER II- CRRSA Act 2021

Fiscal Year	Class/ Account	Class Title	Current Budget	Increase (Decrease) Amount	Revised Budget
2021-22	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
2023	102-500731	Contracts for Prog Serv	\$466,730.02	\$0	\$466,730.02
2024	102-500731	Contracts for Prog Serv	\$270,269.98	\$0	\$270,269.98
2025	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
Total			\$737,000.00	\$0	\$737,000.00

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

06-56-56-562010-19590000 GEER II – CRRSA Act 2021

Fiscal Year	Class/ Account	Class Title	Current Budget	Increase (Decrease) Amount	Revised Budget
2021-22	102-500731	Contracts for Prog Serv	\$356,563.39	\$0	\$356,563.39
2023	102-500731	Contracts for Prog Serv	\$143,436.61	\$0	\$143,436.61
2024	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
2025	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
Total			\$500,000.00	\$0	\$500,000.00

	2021-22	2023	2024	2025	Total
Total	\$356,563.39	\$860,166.63	\$1,182,269.98	\$395,600.00	\$2,794,600.00

**EXPLANATION**

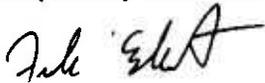
This request is **sole source** because NH Community Behavioral Health Association (CBHA) is the only organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement NHED-designated support services across the state.

This amendment will allow for continued support of positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called “Rekindling Curiosity: Every Kid Goes to Camp” or the “Program.”

CBHA will continue to work with NHED and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports (“Identification Methods”) which will be included in the Training Program. Additional supports may include working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers’ parent or guardian, as required by law and standards of professional practice.

CBHA will act as the program administrator and will work with NHED to develop a system of delivery to participating camps. A work plan will be created to coordinate the Training Program and on-site personnel and services. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs. The Training Program will be conducted by certified Mental Health First Aid Instructors, where feasible. Training syllabus and content will be based on existing trainings, but programs will be tailored to Rekindling Curiosity. Details of the trainings will be provided to NHED and the participating camps in advance of the Program’s start. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education, Division of Learner Support, hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67) and modified on September 20, 2022, amended on December 21, 2022, (Item 108) and modified on November 29, 2023, hereby agree to modify same as follows:

1. Amend Section 1.8 Price Limitation by increasing the amount by \$440,600 from \$2,354,000 to \$2,794,600.
2. Remove Exhibit C-2 and replace with Exhibit C-3.
3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
4. This amendment shall commence upon Governor and Council approval and shall terminate on September 30, 2024.

This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

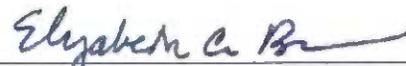
Division of Commissioner's Office

By:  5/1/2024  
Frank Edelblut, Commissioner of Education Date

N. H. Community Behavioral Health Association  
Name of Corporation (Contractor)

By:  April 24, 2024  
Roland P. Lamy, Executive Director Date

Approved as to form, substance and execution by the Attorney General this 1 day of May, 2024.

  
Division of Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

EXHIBIT C - 3  
Method of Payment

**Program Fees**

Description	Current Budget	Increase Amount	Revised Budget
Training, including 5% coordination of services fee	\$305,254.03	\$12,500.00	\$317,754.03
Functional Support Staff Services, including 5% coordination of services fee	\$1,576,511.57	\$335,600.00	\$1,912,111.57
High Needs Students, including 5% coordination of services fee	\$286,042.06	\$52,500.00	\$338,542.06
Mileage Reimbursement, at prevailing reimbursement rate	\$24,793.34	\$2,250.00	\$27,043.34
Marketing	\$24,520.00	\$0.00	\$24,520.00
Administration	\$136,879.00	\$37,750.00	\$174,629.00
<b>Total</b>	<b>\$2,354,000.00</b>	<b>\$440,600.00</b>	<b>\$2,794,600.00</b>

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

**Reporting:** The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHED. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract shall not exceed \$2,794,600.

**Source of Funding:** Funds are available in the following accounts in Fiscal Years 2024 and 2025 with the authority to adjust budget line items within the price limitation and encumbrances between Fiscal Years through the Budget Office, if needed and justified.

**06-56-56-562010-24370000 ESSER III-ARP Act 2021**

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2024	102-500731	Contracts for Prog Serv	\$897,000.00	\$45,000.00	\$942,000.00
2025	102-500731	Contracts for Prog Serv	\$0	\$395,600.00	\$395,600.00
<b>Total</b>			<b>\$1,557,600.00</b>	<b>\$440,600.00</b>	<b>\$1,557,600.00</b>

**06-56-56-562010-19580000 ESSER II- CRRSA Act 2021**

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2024	102-500731	Contracts for Prog Serv	\$270,269.98	\$0	\$270,269.98
2025	102-500731	Contracts for Prog Serv	\$0	\$0	\$0
<b>Total</b>			<b>\$737,000.00</b>	<b>\$0</b>	<b>\$737,000.00</b>

Contractor Initials RPL  
Date: 04/24/24

06-56-56-562010-19590000 GEER II – CRRSA Act 2021

Fiscal Year	Class/ Account	Class Title	Current Budget	Increase (Decrease) Amount	Revised Budget
2021-22	102-500731	Contracts for Prog Serv	\$356,563.39	\$0	\$356,563.39
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Total			\$500,000.00	\$0	\$500,000.00

	2021-22	2023	2024	2025	Total
Total	\$356,563.39	\$860,166.63	\$1,182,269.98	\$395,600.00	\$2,794,600.00

Payment will be subject to funds availability. In the event that funds are not available, NHED shall immediately notify CBHA. Invoices and reports shall be submitted monthly to:

Katherine Leswing, Administrator  
[Katherine.A.Leswing@doe.nh.gov](mailto:Katherine.A.Leswing@doe.nh.gov)

Contractor Initials RPL  
 Date: 04/24/24

**CERTIFICATE OF VOTE**

I, Margaret M. Pritchard, do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

- (1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)
- (2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on April 17, 2024  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland Lamy, Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)

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

- (3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 17<sup>th</sup> day of April, 2024.  
(day, month, yr) (must be same date as the contract date)
- (4) Roland Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 17<sup>th</sup> day of April, 2024.

  
(Signature of Clerk of Corporation)

# 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 NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 427021

Certificate Number: 0006645419



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 29th day of March A.D. 2024.

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

David M. Scanlan  
Secretary of State

# Business Information

## Business Details

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Business Name:	NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION	Business ID:	427021
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	01/24/2003	Name in State of Incorporation:	Not Available
Date of Formation in Jurisdiction:	01/24/2003		
Principal Office Address:	ONE PILLSBURY STREETSUITE 200, Concord, NH, 03301, USA	Mailing Address:	ONE PILLSBURY STREETSUITE 200, Concord, NH, 03301, USA
Citizenship / State of Incorporation:	Domestic/New Hampshire		
Duration:	Perpetual		
Business Email:	emeagher@helmsco.com	Phone #:	NONE
Notification Email:	emeagher@helmsco.com	Fiscal Year End Date:	NONE

Last Nonprofit Report Year: 2020  
Next Report Year: 2025

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## Principal Purpose

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S.No	NAICS Code	NAICS Subcode
1	OTHER / SOCIAL WELFARE OF THE NEW HAMPSHIRE COMMUNITY	

Page 1 of 1, records 1 to 1 of 1

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## Principals Information

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Name/Title	Business Address
Jay Couture / President	Seacoast Mental Health Center 1145 Sagamore Avenue, Portsmouth, NH, 03801, USA
William Rider / Vice President	401 Cypress Street, Manchester, NH, 03103, USA
Brian Collins / Secretary	113 Crosby Road, Suite 1, Dover, NH, 03820, USA
Maggie Pritchard / Treasurer	40 Beacon Street East, Laconia, NH, 03246, USA

Page 1 of 1, records 1 to 4 of 4

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/25/2024

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).

<b>PRODUCER</b> Cross Insurance-Manchester 1100 Elm Street  Manchester NH 03101		<b>CONTACT NAME:</b> Michele Palmer <b>PHONE (A/C No. Ext):</b> (603) 669-3218 <b>FAX (A/C. No.):</b> (603) 645-4331 <b>E-MAIL ADDRESS:</b> manch.certs@crossagency.com																						
<b>INSURED</b> Behavioral Health & Developmental Services of Strafford County Inc DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Massachusetts Bay Ins Co</td> <td>22306</td> </tr> <tr> <td>INSURER B:</td> <td>Allmerica Financial Benefit</td> <td>41840</td> </tr> <tr> <td>INSURER C:</td> <td>Hanover Ins Group</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td>Granite State Health Care and Human Services Self-</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td>Philadelphia Indemnity Ins Co</td> <td>18058</td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Massachusetts Bay Ins Co	22306	INSURER B:	Allmerica Financial Benefit	41840	INSURER C:	Hanover Ins Group		INSURER D:	Granite State Health Care and Human Services Self-		INSURER E:	Philadelphia Indemnity Ins Co	18058	INSURER F:		
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INSURER F:																								

**COVERAGES**      **CERTIFICATE NUMBER:** 23-24 All/24-25 NH WC      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			[REDACTED]	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 Professional Liability \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			[REDACTED]	11/01/2023	11/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	11/01/2023	11/01/2024	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	[REDACTED]	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Directors & Officers Liability			[REDACTED]	11/01/2023	11/01/2024	Limit \$5,000,000 Deductible \$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street  Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/25/2024

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<b>PRODUCER</b> Eaton & Berube Insurance Agency, LLC 11 Concord Street Nashua NH 03064	<b>CONTACT NAME:</b> Kimberly H. Gutekunst, CIC <b>PHONE (A/C No, Ext):</b> 603-882-2766 <b>E-MAIL ADDRESS:</b> kgx@eatonberube.com		<b>FAX (A/C No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> The Community Council of Nashua NH, Inc dba Greater Nashua Mental Health 100 West Pearl Street Nashua NH 03060	<b>INSURER A:</b> Scottsdale Insurance Co		
	<b>INSURER B:</b> Concord General Mutual	20672	
	<b>INSURER C:</b> Granite State Health Care & Human Services Self In		
	<b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		

### COVERAGES

CERTIFICATE NUMBER: 1345711104

REVISION NUMBER:

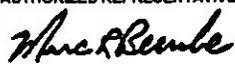
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A	<b>Professional Liability</b> Claims Made Retro Date: 11/12/1988			[REDACTED]	11/12/2023	11/12/2024	Each Claim \$ 5,000,000 Aggregate \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation coverage: NH; no excluded officers.

### CERTIFICATE HOLDER

CANCELLATION 30 days/10 days non-payment

The Department of Education 25 Hall Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/01/2023

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

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

<b>PRODUCER</b> Brown & Brown of New Hampshire, Inc. 309 Daniel Webster Highway Merrimack NH 03054		<b>CONTACT NAME:</b> Laura MacDonald <b>PHONE (A/C, No, Ext):</b> (603) 424-9901 <b>FAX (A/C, No):</b> (866) 848-1223 <b>E-MAIL ADDRESS:</b> Laura.MacDonald@BBrown.com	
<b>INSURED</b> Monadnock Family Services 64 Main Street Suite 210 Keene NH 03431		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company NAIC # 18058 <b>INSURER B:</b> Technology Insurance Company, Inc. 42376 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 23-24 Master      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		[REDACTED]	09/01/2023	09/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	09/01/2023	09/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER    3A State: NH E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		[REDACTED]	09/01/2023	09/01/2024	Each Prof. Incident \$ 1,000,000 Aggregate Limit \$ 3,000,000

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord NH 03301	<b>CANCELLATION</b> 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 



**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

12/12/2023

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.

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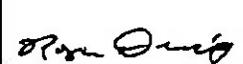
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Linda Jaeger, CIC PHONE (A/C, No, Ext): 855 874-0123 E-MAIL ADDRESS: linda.jaeger@usi.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Co. NAIC # 18058 INSURER B : Granite State Healthcare & Human Svc WC NONAIC INSURER C : INSURER D : INSURER E : INSURER F :	
<b>INSURED</b> Riverbend Community Mental Health Inc. P.O. Box 2032 Concord, NH 03301		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	10/01/2023	10/01/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			[REDACTED]	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10K			[REDACTED]	10/01/2023	10/01/2024	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	[REDACTED]	01/01/2024	01/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability			[REDACTED]	10/01/2023	10/01/2024	\$1,000,000 Ea. Incident \$3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/27/2024

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.

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<b>PRODUCER</b> Fred C. Church Insurance 41 Wellman Street Lowell MA 01851	<b>CONTACT NAME:</b> Jennifer Norton <b>PHONE (A/C No, Ext):</b> 978-458-1865 <b>FAX (A/C No):</b> 978-454-1865 <b>E-MAIL ADDRESS:</b> jennifer.norton@assuredpartners.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> SEACMEN-01 Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company      18058	
	<b>INSURER B:</b> Granite State HC & HS Trust	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 839320168      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			[REDACTED]	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Comp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000			[REDACTED]	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			[REDACTED]	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N    N/A <input checked="" type="checkbox"/> N			[REDACTED]	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			[REDACTED]	3/1/2024	3/1/2025	\$1,000,000 \$3,000,000      Per Occurrence Annual Aggregate

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

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Education 25 Hall Street Concord NH 03301	<b>CANCELLATION</b>  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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## **Mission**

Through advocacy and leadership we develop the relationships and systems to ensure the sustainability of high quality behavioral healthcare.

## **Vision**

NHCBHA envisions a future where:

- Behavioral health care is integral to overall health care
- Prevention and treatment of mental illnesses are valued by all
- Timely access is available to all
- The stigma and discrimination related to behavioral health is eliminated

## **Board of Directors Executive Committee**

Maggie Pritchard, CEO, Lakes Region Mental Health Center, Inc. – President  
Victor Topo, President & CEO, Center for Life Management – Vice President  
Jay Couture, President & CEO, Seacoast Mental Health Center, Inc. – Secretary  
Patricia Carty, CEO, Mental Health Center of Greater Manchester – Treasurer

## **Board Members**

Suzanne Gaetjens-Oleson, CEO, Northern Human Services  
Chris Kozak, Executive Director, Community Partners  
Lisa Madden, CEO, Riverbend Community Mental Health, Inc.  
Roger Osmun, President & CEO, West Central Behavioral Health  
Cynthia Whitaker, President & CEO, Greater Nashua Mental Health  
Phil Wyzik, CEO, Monadnock Family Services



1 Pillsbury Street, Suite 200  
Concord, NH 03301  
603.225.6633  
[www.nhcbha.org](http://www.nhcbha.org)

**Executive Directors / Chief Executive Officers**  
*Updated 01/09/24*

<p><b>Victor Topo, President &amp; CEO</b> <b>Center for Life Management</b> 10 Tsienneto Road Derry, NH 03038 Phone: 603-965-0729 (direct) Email: <a href="mailto:vtopo@clmnh.org">vtopo@clmnh.org</a> Website: <a href="http://www.centerforlifemanagement.org">www.centerforlifemanagement.org</a> Admin: Lynda Silegy Phone: 603-965-0693 (direct) Email: <a href="mailto:lsilegy@clmnh.org">lsilegy@clmnh.org</a></p>	<p><b>REGION 10</b></p>	<p><b>Phil Wyzik, CEO</b> <b>Monadnock Family Services</b> 64 Main Street, Suite 301 Keene, NH 03431 Phone: 603-357-4400 Email: <a href="mailto:pwyzik@mfs.org">pwyzik@mfs.org</a> Website: <a href="http://www.mfs.org">www.mfs.org</a> Admin: Julia Saczawa Phone: 603-357-4400 x558 Email: <a href="mailto:Julia.saczawa@mfs.org">Julia.saczawa@mfs.org</a></p>	<p><b>REGION 5</b></p>
<p><b>Chris Kozak, President &amp; CEO</b> <b>Community Partners</b> 25 Old Dover Road Rochester, NH 03867 Phone: 603-516-9556 Email: <a href="mailto:ckozak@communitypartnersnh.org">ckozak@communitypartnersnh.org</a> Website: <a href="http://www.communitypartnersnh.org">www.communitypartnersnh.org</a> Admin: Darlene Roach Phone: 603-516-9300 x9462 Email: <a href="mailto:droach@communitypartnersnh.org">droach@communitypartnersnh.org</a></p>	<p><b>REGION 9</b></p>	<p><b>Suzanne Gaetjens-Oleson, CEO</b> <b>Northern Human Services</b> 87 Washington Street Conway, NH 03818 Phone: 603-447-8137 (direct) Email: <a href="mailto:sgaetjens@northernhs.org">sgaetjens@northernhs.org</a> Website: <a href="http://www.northernhs.org">www.northernhs.org</a> Admin: Susan Wiggan Phone: 603-447-8018 (direct) Email: <a href="mailto:swiggan@northernhs.org">swiggan@northernhs.org</a></p>	<p><b>REGION 1</b></p>
<p><b>Cynthia Whitaker, President &amp; CEO</b> <b>Greater Nashua Mental Health</b> 100 West Pearl Street Nashua, NH 03060 Phone: 603-943-8331 Email: <a href="mailto:whitakerc@gnmhc.org">whitakerc@gnmhc.org</a> Website: <a href="http://www.gnmhc.org">www.gnmhc.org</a> Admin: Michelle Wieland Phone: 603-889-6147 x3659 Email: <a href="mailto:wielandm@gnmhc.org">wielandm@gnmhc.org</a></p>	<p><b>REGION 6</b></p>	<p><b>Lisa Madden, President &amp; CEO</b> <b>Riverbend Community Mental Health, Inc.</b> 278 Pleasant Street, PO Box 2032 Concord, NH 03302 Phone: 603-226-7505 x3231 Email: <a href="mailto:lmadden@riverbendcmhc.org">lmadden@riverbendcmhc.org</a> Website: <a href="http://www.riverbendcmhc.org">www.riverbendcmhc.org</a> Admin: Andrea Beaudoin Phone: 603-226-7505 x3228 Email: <a href="mailto:abeaudoin@riverbendcmhc.org">abeaudoin@riverbendcmhc.org</a></p>	<p><b>REGION 4</b></p>
<p><b>Maggie Pritchard, CEO</b> <b>Lakes Region Mental Health Center, Inc.</b> 40 Beacon Street East Laconia, NH 03246 Phone: 603-524-1100 x134 Email: <a href="mailto:mpritchard@lrmhc.org">mpritchard@lrmhc.org</a> Website: <a href="http://www.lrmhc.org">www.lrmhc.org</a> Admin: Dawn Lacroix Phone: 603-524-1100 x132 Email: <a href="mailto:dlacroix@lrmhc.org">dlacroix@lrmhc.org</a></p>	<p><b>REGION 3</b></p>	<p><b>Jay Couture, President &amp; CEO</b> <b>Seacoast Mental Health Center, Inc.</b> 1145 Sagamore Avenue Portsmouth, NH 03801 Phone: 603-431-6703 x5709 Email: <a href="mailto:jcouture@smhc-nh.org">jcouture@smhc-nh.org</a> Website: <a href="http://www.smhc-nh.org">www.smhc-nh.org</a> Admin: Lorraine Mansfield Phone: 603-431-6703 x5707 Email: <a href="mailto:lmansfield@smhc-nh.org">lmansfield@smhc-nh.org</a></p>	<p><b>REGION 8</b></p>
<p><b>Patricia Carty, CEO</b> <b>Mental Health Center of Greater Manchester</b> 2 Wall Street, 2<sup>nd</sup> Floor Manchester, NH 03101 Phone: 603-206-8585 (direct) Email: <a href="mailto:cartypat@mhcgm.org">cartypat@mhcgm.org</a> Website: <a href="http://www.mhcgm.org">www.mhcgm.org</a> Admin: Melissa Therrien Phone: 603-668-4111 x4247 Email: <a href="mailto:therriem@mhcgm.org">therriem@mhcgm.org</a></p>	<p><b>REGION 7</b></p>	<p><b>AJ Horvath, Interim President &amp; CEO</b> <b>West Central Behavioral Health</b> 85 Mechanic Street, Suite C2-1, Box A-10 Lebanon, NH 03766 Phone: 603-448-0126 Email: <a href="mailto:ahorvath@wcbh.org">ahorvath@wcbh.org</a> Website: <a href="http://www.wcbh.org">www.wcbh.org</a> Admin: Kathy Moore Phone: 603-448-0126 x1842 Email: <a href="mailto:kmoore@wcbh.org">kmoore@wcbh.org</a></p>	<p><b>REGION 2</b></p>

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***NH COMMUNITY BEHAVIORAL  
HEALTH ASSOCIATION***

***AUDITED FINANCIAL STATEMENTS***

***FOR THE YEAR ENDED  
JUNE 30, 2023***

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## INDEX TO FINANCIAL STATEMENTS

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors  
NH Community Behavioral Health Association  
Concord, New Hampshire

### ***Opinion***

We have audited the accompanying financial statements of NH Community Behavioral Health Association (a nonprofit organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities, functional expenses, and changes in net assets, and cash flows for the year 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 NH Community Behavioral Health Association 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 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 NH Community Behavioral Health Association and to meet our 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 Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the 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 NH Community Behavioral Health Association'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 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 NH Community Behavioral Health Association'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 NH Community Behavioral Health Association'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.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated March 13, 2024, on our consideration of NH Community Behavioral Health Association'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 NH Community Behavioral Health Association'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 NH Community Behavioral Health Association's internal control over financial reporting and compliance.

Respectfully submitted,

*Mason + Rich, P.A.*

MASON + RICH, PROFESSIONAL ASSOCIATION  
Certified Public Accountants  
Concord, New Hampshire

March 13, 2024

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**

STATEMENT OF FINANCIAL POSITION

JUNE 30, 2023

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**ASSETS**

	2023
<b><i>CURRENT ASSETS</i></b>	
Cash and Cash Equivalents	\$ 342,596
Accounts Receivable	26,763
Grants Receivable	125,007
<b><i>Total Current Assets</i></b>	<u>494,366</u>
<b><i>TOTAL ASSETS</i></b>	<u>\$ 494,366</u>

**LIABILITIES AND NET ASSETS**

<b><i>CURRENT LIABILITIES</i></b>	
NH Department of Education Program Payable	\$ 125,006
<b><i>Total Current Liabilities</i></b>	<u>125,006</u>
<b><i>TOTAL LIABILITIES</i></b>	<u>125,006</u>
<b><i>NET ASSETS WITHOUT DONOR RESTRICTIONS</i></b>	<u>369,360</u>
<b><i>TOTAL LIABILITIES AND NET ASSETS</i></b>	<u>\$ 494,366</u>

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENT OF ACTIVITIES, FUNCTIONAL EXPENSES, AND**  
**CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED JUNE 30, 2023**

	<b>2023</b>
<b>SUPPORT AND REVENUE</b>	
<i>Program Services</i>	
Dues	\$ 348,400
Dues - Communication Plan	49,000
Dues - Managed Medicaid Services	70,000
CIP Program	21,876
Delta Center Learning & Action Collaborative	21,922
New Hampshire Behavioral Health Summit	18,064
<i>Total Program Services</i>	<u>529,262</u>
 <i>Contributions and Other Revenue</i>	
Grants	<u>867,967</u>
<i>Total Contributions and Other Revenue</i>	<u>867,967</u>
 <b>TOTAL SUPPORT, REVENUE, AND OTHER NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	 <u>1,397,229</u>
 <b>FUNCTIONAL EXPENSES</b>	
<b>PROGRAM SERVICES</b>	
Advertising and Marketing	97,419
Consulting Fees	137,075
Consulting Fees - NH Department of Education Program	35,000
Dues and Subscriptions	16,118
Government Relations	50,400
Management Fees - CIP Program	16,600
Management Fees - Learning Collaborative	31,000
Management Fees - NH Behavioral Health Summit	20,000
Marketing Expenses - NH Department of Education Program	1,540
Miscellaneous	7,537
Printing and Reproduction	459
Program Expenses - Delta Center Learning & Action Collaborative	11,728
Program Expenses - NH Department of Education Program	823,627
Website	486
<i>Total Program Services</i>	<u>1,248,989</u>
 <b>MANAGEMENT AND GENERAL</b>	
Accounting	8,774
Insurance	1,912
Management Fees	68,301
Travel	99
<i>Total Management and General</i>	<u>79,086</u>
 <b>TOTAL FUNCTIONAL EXPENSES</b>	 <u>\$ 1,328,075</u>

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
STATEMENT OF ACTIVITIES, FUNCTIONAL EXPENSES, AND  
CHANGES IN NET ASSETS  
FOR THE YEAR ENDED JUNE 30, 2023

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	2023
<b>NON-OPERATING REVENUE</b>	
Interest Income	\$ 352
<b>Total Non-operating Revenue</b>	<u>352</u>
<b>INCREASE IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	<u>69,506</u>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<u>299,854</u>
<b>NET ASSETS, END OF YEAR</b>	<u><u>\$ 369,360</u></u>

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED JUNE 30, 2023**

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	<b>2023</b>
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
Increase in Net Assets	\$ 69,506
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:	
(Increase) Decrease in Operating Assets:	
Accounts Receivable	(12,212)
Grants Receivable	(36,997)
Increase (Decrease) in Operating Liabilities:	
Accounts Payable	(39,494)
NH Department of Education Program Payable	47,906
Total Adjustments	<u>(40,797)</u>
<i>Net Cash Provided by (Used in) Operating Activities</i>	<u>28,709</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	28,709
<i>Cash and Cash Equivalents, Beginning of Year</i>	<u>313,887</u>
<i>Cash and Cash Equivalents, End of Year</i>	<u>\$ 342,596</u>

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
NOTES TO FINANCIAL STATEMENTS

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**A | NATURE OF OPERATIONS**

NH Community Behavioral Health Association (the "Organization") is a New Hampshire voluntary corporation comprised of the ten community mental health centers throughout New Hampshire. These centers serve individuals in New Hampshire who are living with, and recovering from, mental illness and emotional disorders. The goal of the Organization is to raise awareness about the crucial role played by community-based mental health centers to ensure public safety and overall public health for all New Hampshire residents. In addition, the Organization advocates for the priorities of its members which includes the sustainability of a high-quality and effective system of behavioral health care in each of the New Hampshire communities it serves so that it may improve the social welfare of the individuals in the State of New Hampshire. The Organization's revenue is derived mainly from membership dues, grants, and program revenue.

Beginning in June 2021, the Organization was approved for grant funding from the New Hampshire Department of Education to administer the Rekindle Curiosity Camp Program for New Hampshire children. This program provides opportunities for students to access summer enrichment programs through overnight and day youth recreation camp programs. Services provided by the Organization's community mental health centers allow children in need of mental health support services to participate in the Rekindle Curiosity Program who, without this support would be unable to do so. The grant program was also expanded to provide mental health support services outside of a camp setting to include any place that school aged children gather, e.g. in schools, afterschool programs, etc. The grant was approved through September 30, 2024.

**B | SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES**

This summary of significant accounting principles of the Organization, a non-profit corporation, is presented to assist in understanding the Organization's financial statements. The financial statements and notes are the representations of the Organization's management who are responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles (GAAP) in the United States of America and have been consistently applied in the preparation of the financial statements.

***Basis of Accounting***

The Organization uses the accrual basis of accounting in its financial statements. Under this basis, revenue is recognized when earned rather than when payment is received, and expenses are recognized when the obligation is incurred rather than when the cash is disbursed.

***Contributions and Promises to Give***

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions. Contributions are recognized when the donor makes an unconditional promise to give to the Organization. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

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*(Continued on next page)*

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
NOTES TO FINANCIAL STATEMENTS

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Contributions are recognized under FASB ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Under this ASU, contributions are not recognized as revenue if there are donor-imposed conditions and barriers that must be overcome before the Organization is entitled to the assets transferred. Conditional contributions can exist if the Organization has limited discretion over how the resources are spent and the contributor retains a right of return to the resources provided if the conditions are not met. If contributions are received prior to the satisfaction of the donor-imposed conditions and barriers, the advanced receipt of funds would be recorded as deferred revenue on the statement of financial position. Once conditions have been substantially met, the contributions are recognized as revenue and classified as net assets with or without donor restrictions depending on remaining donor restrictions.

***Net Assets***

The Organization reports its net assets as required by Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to the following classes: net assets without donor restrictions and net assets with donor restrictions. Descriptions of the net asset categories included in the Organization's financial statements are as follows:

Net assets without donor restrictions include revenues and expenses which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Executive Board for special projects and expenditures; however, there were no such designations at June 30, 2023.

Net assets with donor restrictions include revenues and expenses for which time restrictions or donor-imposed restrictions have not been met. When the restriction is met, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. Net assets with donor restrictions also include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no assets with donor restrictions at June 30, 2023.

***Cash and Cash Equivalents***

The Organization considers all cash accounts, which are not subject to withdrawal restrictions or penalties and certificates of deposit with original maturities of three months or less, to be cash or cash equivalents. As of June 30, 2023, the Organization had no cash equivalents.

***Revenue Recognition***

The Organization recognizes revenue under FASB Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*. Under FASB ASC 606, the Organization derives revenue from membership dues, contract management services, Child Impact Program class fees, the Delta Learning & Action Collaborative, and the New Hampshire Behavioral Health Summit.

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
NOTES TO FINANCIAL STATEMENTS

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The quoted transaction prices for all of the Organization's revenue does not include variable consideration and there is no allocation of discounts or non-cash considerations. All of the Organization's contracts are one year or less. As a result, costs associated to obtain a contract are recognized as expense in the period incurred. The Organization does not have any significant financing components to its contracts.

Membership dues are paid by member organizations to provide them access to general management, administration, and legislative relation services provided by the Organization. The Organization also provides opportunities to facilitate communication and information between members to promote networking and strategic planning. Additionally, the Organization offers members with communication plan services to compile and prepare information to comply with reporting requirements between member organizations and external agencies. Membership dues are a fixed annual fee and the contracts with members begin and end within the same fiscal year. The Organization considers the benefits of the general management, administration, and legislative relation services to be a single performance obligation and the communication plan services to be a separate performance obligation. Member dues are allocated based on the percentage of costs to provide these services. The Organization has determined it is appropriate to recognize revenue from membership dues over time. The membership dues are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization offers contract management services to its members to assist in the implementation, negotiation, and administration of Medicaid Managed Care contracts with third party managed care organizations. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue over time. The Medicaid Managed Care contracts are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization coordinates the Child Impact Program (CIP) between the participants, the court system, and its member organizations. The CIP is a court mandated class required for parents to understand the impact of divorce, separation, or custody issues on children. Classes are provided by the Organization's members in four hour sessions; either in a single session or in two sessions over the course of a week. Participants pay a one-time fee directly to the member organizations prior to attending the class. The Organization charges its member community mental health centers 5% of the total fee amount each one collects for each class. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of each session.

The Organization provides services in connection with a partnership on behalf of the Delta Center as part of their Learning and Action Collaborative project that is designed to bring primary care and behavioral health associations together with the goal of advancing value-based payment and care. The contract provides for services to be provided on a monthly basis through the end of the contract on July 31, 2023 and services are billed on a quarterly basis. The benefits of the Organization's services are considered a single performance obligation as there are no predetermined set of outputs defined by the contract. The Organization has determined that it is appropriate to recognize revenue

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
NOTES TO FINANCIAL STATEMENTS

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over time because the customer receives the benefits as the Organization performs them, therefore, all revenue from this contract is fully recognized at the time the service is transferred.

The New Hampshire Behavioral Health Summit is a two day event for behavioral healthcare providers and organizations to share public policy goals, obtain training through professional development sessions, and network with other professionals in the behavioral health field. The event is hosted by the Organization in conjunction with two other local agencies. The Organization pays a fixed event management fee to a third party vendor to manage the event on behalf of the Organization. The event is considered a single performance obligation and the Organization receives revenue upon completion of the event. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of the event.

***Contract Assets and Liabilities***

***Accounts Receivable***

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management evaluates the collectability of customer accounts by considering factors such as historical experience, the age of the accounts receivable balance, and current economic conditions that may affect a member's ability to pay. Past due receivables are written off at management's discretion using the direct write-off method; this is not considered a departure from GAAP because the effects of the direct write off method approximate those of the allowance method. The Organization does not charge interest on accounts receivable.

***Deferred Revenue***

Deferred revenue represents payments received from customers prior to the satisfaction of the corresponding performance obligations. Revenue is recognized once the corresponding performance obligations are satisfied based on the contract with the customer.

The Organization's contracts meet certain disclosure exemptions, including performance obligations, which are part of a contract that has an original expected duration of one year or less. As such, the Organization has elected to omit disclosure information about the transaction price allocated to remaining performance obligations and when revenue will be recognized. These performance obligations relate to management services which are completed in the month when the revenue is earned. All of the Organization's contracts are less than one year in length, and as a result, there were no contracts that would require disclosure of remaining performance obligations because there were no contracts open at June 30, 2023.

***Functional Allocation of Expenses***

The costs of providing programs and other activities have been summarized on a functional basis in the statement of activities, functional expenses and changes in net assets. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are charged to each program based on the direct expenses incurred.

***Advertising and Marketing***

The Organization conducts non-direct response advertising. These costs are expensed as incurred. Advertising and marketing costs for the year ended June 30, 2023 was \$97,419.

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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***Income Taxes***

The Organization adopted the provisions of FASB ASC 740-10, *Accounting for Uncertain Tax Positions*. FASB ASC 740-10 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as de-recognition, interest, penalties, and disclosures required. Additionally, the Organization recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense.

***Use of Estimates***

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results experienced by the Organization may differ from management's estimates.

**C | ACCOUNTS RECEIVABLE AND CONTRACT ASSETS AND LIABILITIES**

Accounts receivable was \$14,551 at the beginning and \$26,763 at the end of the year ended June 30, 2023. Accounts receivable increased by \$12,212 during the year ended June 30, 2023 due to timing. There were no contract liabilities for the year ended June 30, 2023.

**D | DISAGGREGATION OF REVENUE FROM CONTRACTS WITH CUSTOMERS**

Contract revenue based on service line and timing of satisfaction of performance obligations consists of the following for the year ended June 30:

<u>Services transferred over time</u>	<u>2023</u>
Dues	\$ 348,400
Dues – Communication Plan	49,000
Managed Medicaid Services	70,000
Delta Center Learning & Action Collaborative	<u>21,922</u>
Total Revenue Over Time	<u>\$ 489,322</u>
<u>Services transferred at a point in time</u>	
CIP Program	\$ 21,876
New Hampshire Behavioral Health Summit	<u>18,064</u>
Total Revenue at a Point Time	<u>39,940</u>
Total Revenue from Contracts with Customers	<u>\$ 529,262</u>

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
NOTES TO FINANCIAL STATEMENTS

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**E | CONCENTRATIONS**

***Cash and Certificate of Deposit***

The Organization maintains substantially all its cash and the certificate of deposit in one financial institution. The account is secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. During the year, the Organization may occasionally exceed the FDIC insurance limit. At June 30, 2023, the Organization had uninsured balances of \$122,781.

***Accounts Receivable***

Financial instruments that potentially subject the Organization to concentrations of credit risk consist primarily of accounts receivable. The Organization performs ongoing credit evaluations of its customers, and generally does not require collateral. Historically, credit losses have not been significant. At June 30, 2023, the Organization's accounts receivable consisted of approximately 81% from two customers.

***Grants Receivable***

At June 30, 2023, the Organization's grants receivable consist of 100% from one grantor.

**F | INCOME TAXES**

***Tax Status***

The Organization qualifies as a non-profit organization under section 501(c)(4) of the Internal Revenue Code; therefore, it is exempt from federal and state income taxes.

***Uncertain Tax Positions***

For the year ended June 30, 2023, management has evaluated its tax positions in accordance with FASB ASC 740-10, *Accounting for Uncertain Tax Positions*. The Organization's management does not believe they have taken uncertain tax positions; therefore, a liability for income taxes associated with uncertain tax positions has not been recognized. Additionally, the Organization did not recognize interest or penalties resulting from tax liabilities associated with recognizing uncertain tax positions for the year ended June 30, 2023.

***Income Tax Examinations***

The Organization is a nonprofit organization; as a result it files a federal form 990, *Return of Organization Exempt from Income Tax*. In the normal course of business, the Organization is subject to examination by taxing authorities. With few exceptions, the Organization is no longer subject to federal examinations of their federal Form 990 for years before 2020.

**G | RELATED PARTY TRANSACTIONS**

The Organization receives all its membership dues from its member organizations.

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**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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**H | LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization's financial assets available within one year from the statement of financial position date for general operating expenses are as follows:

	<u>2023</u>
Cash and Cash Equivalents	\$ 342,596
Accounts Receivable	26,763
Grants Receivable	<u>125,007</u>
Financial assets available to meet cash needs for general expenditures within one year	<u>\$ 494,366</u>

For the year ended June 30, 2023, the Organization had financial assets on hand equal to approximately four months of operating expenses, which totaled \$1,328,075. At times, the Board of Directors may designate a portion of any operating surplus to its liquidity reserve for future expenditures; however, there were no such designations at June 30, 2023. The Organization believes its liquid financial assets are sufficient to fund unanticipated liquidity needs that may arise.

**I | COVID-19 CONSIDERATIONS**

In March 2020, the World Health Organization declared the outbreak of the novel coronavirus (COVID-19) as a pandemic which continues to spread throughout the world. While the spread of the virus has caused business disruptions across the United States, the Organization has not experienced any significant interruptions to their activities for the year ended June 30, 2023. While there remains considerable uncertainty around the duration of this pandemic, there are no ongoing concerns with the Organization's ability to continue operations for a period of one year from the date of these financial statements.

**J | SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 13, 2024, the date which the financial statements were available to be issued, and has not evaluated subsequent events after that date. The Organization did not identify any subsequent events that would require disclosure in the financial statements.

# ERIN K. MEAGHER

## QUALIFICATIONS PROFILE

- Expert multitasker supporting multiple partners and clients simultaneously with keen ability to meet deadlines and continuously exceed expectations.
- 30 plus years of customer focused work with a demonstrated ability to work successfully with groups including leaders, colleagues, internal & external customers balancing collaboration, leadership, and decisiveness.
- Proficient in planning, organizing, coordinating, & controlling resources required for day-to-day operations.
- Continued process improvement, maintaining high quality while improving timeliness, efficiency, & cost effectiveness.
- Action oriented, creative, and innovative problem solver. A big picture person with an eye on details & how they affect everyone involved.

## PROFESSIONAL EXPERIENCE

- HELMS & COMPANY, INC.** **CONCORD, NH**  
*Office Manager, Human Resources, Project Manager* *August 2008 – Present*
- Operations Manager for NH Vaccine Association & NH Health Plan: management of assessment collections, agendas/minutes, customer education, Board support, administrative functions.
  - Executive Assistant & Financial Administration for NH Community Behavioral Health Association: agendas/minutes, AR/AP, budgets, tax preparation, administration & oversight of the Child Impact Program & Summer Camp Program Grant, Board support, customer education.
  - Executive Assistant, Financial Administration, & Payer Contract Support for: VNA Health System of Northern New England, Rural Home Care Network, & VNA Health Systems of Vermont: agendas/minutes, AR/AP, budgets, tax preparation, Board support, administrative functions, & support of up to six workgroups, support of contracting efforts with insurance companies, development of dashboards & ongoing maintenance, client education.
  - Executive Assistant for five Principal Owners: administrative support on key projects, data analysis, administrative functions.
  - Responsible for day-to-day operations, purchasing, building management, banking relations.
  - Human Resource Officer: benefit administrator, hiring, annual performance reviews.
- Executive Assistant & Human Resources* *April 2005 – August 2008*  
*Executive Assistant* *March 2004 – April 2005*
- KILLARNEY HOUSE INTERIOR DESIGN** **CONCORD, NH**  
*Self-Employed Interior Designer* *January 2001 – March 2004*
- THE GIG** **LONDONDERRY, NH**  
*Billing & Account Specialist, Part time* *October 2001 – July 2002*
- Insurance & patient billing, AR, for a radiologist & small physical therapy office.

# ERIN K. MEAGHER

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## ANTHEM BLUE CROSS BLUE SHIELD

MANCHESTER, NH

### *Business Systems Analyst – Provider Network Management*

November 1999 – January 2001

- Liaison between system users & programmers to develop system enhancements ensuring business requirements are incorporated into system design & testing.
- Compile & analyze data to identify processes for improvement. Develop reliable procedures resulting in increased accuracy, decreased cycle time, improved efficiency, & substantial cost savings.
- Resolve internal & external problems certifying compliance with Plan administrative policies, laws & regulations governing the corporation.

### *Provider Service Representative – Provider Network Management*

January 1998 – October 1999

- Maintain contractual relationship with existing providers & continued recruitment to network with professional & institutional providers.
- Educate physicians, PHO/IPA administrators, hospital administrators, office managers & staff on reimbursement, risk sharing, & billing requirements, through telephone & written communications, site visits, presentations at provider seminars.

### *Senior Customer Service Representative – Federal Employee Program*

February 1993 – January 1998

- Daily management of customer service call center (up to seven employees), hiring, performance expectations & goals, annual performance reviews.
- Resolve high impact, complex inquiries involving policy, claim disputes, system errors.
- Develop & administer cross-functional training in customer service & claim processing. Provide Quality Service Skills (QSS) & Quality Assurance (QA) training.
- Interpret Federal regulations, bulletins, benefit policies & system updates. Implement necessary corporate policies & procedures to ensure compliance.

## SKILLS / APPOINTMENTS

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- ◆ Expert level: Microsoft Word, Excel, Outlook, PowerPoint, Publisher.
- ◆ Proficient: WordPress, QuickBooks, Access
- ◆ Notary Public

## REFERENCES

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- ◆ Available upon request.

**Roland P. Lamy Jr.**

MBA, New Hampshire College 1994

B.S. Management, Bloomsburg University 1991

### CAREER EXPERIENCE

#### Dartmouth Hitchcock Medical Center, Lebanon, NH 11/12- Present

##### Strategic Liaison

Assist and manage initiatives to enhance the mission of Dartmouth Hitchcock Health including network liaison to a Medicare Shared Savings initiative in Vermont, development of a joint venture health plan and liaison to rural hospital system(s) seeking stronger affiliation to Dartmouth Hitchcock. Serve as Chair of the Board for Benevera Health, a population health company jointly owned by a large regional third-party payer, three hospitals and Dartmouth Hitchcock Health.

#### Helms and Company, Concord, NH 10/02 - Present

##### President/Senior Consultant

Provide consultative resource to Hospitals, Physicians, and ancillary health care providers in Vermont, Maine, and New Hampshire. Manage the New Hampshire Community Behavioral Health Association, which contains the State's ten Community Mental Health Centers, which act as the system of community mental health care in New Hampshire. Assist Physicians and Hospitals with operational and economic issues including denial management processes, physician practice evaluations and valuations, third party payer contracting, and organizational structure analysis.

#### State of New Hampshire Department of Health and Human Services, NH 1/02- 10/02

##### Assistant Director, Office of Health Planning and Medicaid

Directing 100+ employees serving New Hampshire's Medicaid population and provide oversight to several consultant and vendor contracts. Responsible for approximately \$285 million spent for services to care for low income adults, women, and children in New Hampshire.

Work closely with the Commissioner's office, State Legislature, and Governor's office on budget preparation, forecasting, and deficit plan reductions. Provide testimony on behalf of Department of Health and Human Services for Senate and House subcommittee hearings.

#### Helms and Company, Concord, NH 10/01-1/02

##### Healthcare Consultant

Provided consulting services to several New Hampshire Hospitals regarding managed care contracting.

Performed educational sessions to physician practices in New Hampshire seacoast area with emphasis on negotiation skill and creating leverage.

**Anthem Blue Cross and Blue Shield, Manchester, NH 8/91-10/01**

**Executive Director Network Development and Management 10/00-10/01**

Directed the overall management of 60 employees responsible for administration of provider contracts including Hospital and Physician contract negotiation, provider contract administration, provider service, and network management.

Managed total health care budget for the enterprise and a \$10 million administrative budget with the goal of improving member health while utilizing the consumer dollar in the most effective and efficient manner possible.

Governed the oversight of 5 large vendor contracts including pharmacy management, behavioral health, provider bill audits, high cost drugs, and other consultants to develop an automated risk model settlement process.

**Special Network Consultant 03/00-10/00**

Maintained unique provider and payer risk model arrangement with nearly one-third of State provider network including Physicians and 12 Hospitals in the New Hampshire rural health coalition.

Worked directly with the Medical Director to develop new programs aimed at improving medical outcomes and financial targets based upon analysis of utilization levels for variety of specialties.

Evaluated risk model effectiveness on quality of care outcomes, financial targets, and performed risk model settlements including the development of new medical cost targets, reinsurance levels and pricing, and consulted with Rural Health Coalition on new initiatives to improve community results.

**Sales Manager of Public Business and Government Programs 6/94-3/00**

Directed account management of more than 50% of Blue Cross and Blue Shield membership servicing public business clients with a staff of 25: included market plan development, direct marketing programs, rate and product consultation, forecasting, budgeting, and monitoring of results.

Profitably directed company's public business and government programs, developed and evaluated new and existing government contracts such as Medicaid, Title XXI and Medicare Risk. Provided management guidance for creation of a new product in a fast track implementation and completed two corporate merger projects.

**Group Health Underwriter 8/91-6/94**

Executed underwriting policies, risk evaluation and creation of group health rates for all lines of health care business while meeting corporate objectives: included creation of a capitation "calculator" utilized for provider funding for Managed Care business.

**VOLUNTEER INTERESTS**

- NH Healthy Kids Corporation 2002-2012
- NH Fiscal Policy Institute 2016-present
- NH Children's Health Foundation 2018-present



**NH Community Behavioral  
Health Association**

1 Pillsbury Street, Suite 200  
Concord, NH 03301  
603.225.6633  
[www.nhcbha.org](http://www.nhcbha.org)

**Date:** November 30, 2022  
**To:** To whom it may concern  
**From:** Erin Meagher, Project Manager  
**cc:** Roland Lamy, Executive Director

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Please allow this memo to respond to the question posed regarding percent of salary of key personnel that the Department of Education grant supports.

The NH Community Behavioral Health Association is managed through a Management Services Agreement and does not have direct employees. Helms & Company, Inc. provides the management services and the administrative dollars noted in the September 20, 2022, grant amendment are approximately 16% of the overall agreement that funds the Association management.



**Frank Edelblut**  
Commissioner

**Christine M. Brennan**  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
25 Hall Street  
Concord, NH 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

November 13, 2023

**Modification to: New Hampshire Community Behavioral Health Association Contract  
Approved by the Governor on June 2, 2021, submitted to Governor and Council on June 31, 2021 as  
Informational Item FF, amended on August 18, 2021, Item #111, and August 17, 2022 Item # 67, modified  
on September 20, 2022 and amended on December 21, 2022 Item #108**

Authorize the New Hampshire Department of Education, Commissioner's Office, to modify the contract with the New Hampshire Community Behavioral Health Association (CBHA), (VC # 355870) Concord, NH in the amount not to exceed \$2,354,000.00 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program. As of November 1, 2023, New Hampshire Community Behavioral Health Association will modify its item budget by transferring funds from the FY25 budget to the FY24 budget, to account for additional center support. They will also modify line items in the budget to account for updated projected need of students. See Budget Modification Table.

Modification to include:

- Funds in the FY25 budget will decrease by \$440,000.00.
- Funds in the FY24 Budget will increase by \$440,000.00.
- Total not to exceed the amount of \$2,354,000.00 will remain unchanged.
- NOTE: all other contractual obligations remain in place as established in the original contract

100% Federal Funds.

Funds to support this request are available in the following accounts for Fiscal Years 24, and FY 25, with the authority to adjust budget line items within the price limitation and encumbrances in each of the fiscal years within the price limitation through the Budget Office, if needed and justified.

**Budget Modification Table:**

**06-56-56-562010-19590000 GEER II-CRRSA Act 2021**

Fiscal Years	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
2021-22	102-500731	Contracts for Program Services	\$356,563.39	-	\$356,563.39
2023	102-500731	Contracts for Program Services	\$143,436.61	-	\$143,436.61
Sub Total			\$500,000.00	-	\$500,000.00

**06-56-56-562010-19580000 ESSER II-CRRSA Act 2021**

Fiscal Years	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	102-500731	Contracts for Program Services	\$466,730.02	-	\$466,730.02
2024	102-500731	Contracts for Program Services	\$270,269.98	-	\$270,269.98
Sub Total			\$737,000.00	-	\$737,000.00

**06-56-56-562010-24370000 ESSER III-ARP Act 2021**

Fiscal Years	Class/Account	Class Title	Current Budget	Increased (Decreased) Amount	Revised Budget
2023	102-500731	Contracts for Program Services	\$250,000.00	-	\$250,000.00
2024	102-500731	Contracts for Program Services	\$427,000.00	\$440,000.00	\$867,000.00
2025	102-500731	Contracts for Program Services	\$440,000.00	(\$440,000.00)	-
Sub Total			\$1,117,000.00	-	\$1,117,000.00
Total			\$2,354,000.00	-	\$2,354,000.00

	FY21-22	FY23	FY24	FY25	Total
<b>TOTAL ADJUSTED BUDGET</b>	\$356,563.39	\$860,166.63	\$1,137,269.98	\$0.00	\$2,354,000.00

**Budget Item Modification Table**

Description	Current Budget	Increase (Decrease) Amount	Revised Budget
Training including 5% coordination of services Fee	\$320,254.03	(\$15,000.00)	\$305,254.03
Functional Support Staff Services including a 5% coordination of services fee	\$1,576,511.57	-	\$1,576,511.57
High Needs Students including a 5% coordination fee	\$286,042.06	-	\$286,042.06
Mileage Reimbursement, at prevailing reimbursement Rate	\$27,293.34	(\$2,500.00)	\$24,793.34
Marketing	\$25,020.00	(\$500.00)	\$24,520.00
Administration	\$118,879.00	\$18,000.00	\$136,879.00
<b>TOTAL</b>	<b>\$2,354,000.00</b>	<b>-</b>	<b>\$2,354,000.00</b>

**Limitation of Price:**

Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract exceed \$2,354,000.00.

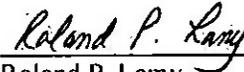
Funds are contingent on:

- 1.) Availability and continued appropriation of funds in future operating budget
- 2.) Attainment of contractual and performance goals and measures.



Date: 11/29/2023

Frank Edelblut  
 Commissioner  
 Department of Education



Date: 11/17/23

Roland P. Lamy  
 Executive Director  
 New Hampshire Community Behavioral Health  
 Association (CBHA)

**CERTIFICATE OF VOTE**

I, Margaret M. Pritchard, do hereby certify that:

(1) I am the duly elected clerk of NH Community Behavioral Health Association

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on November 16, 2023.

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland Lamy, Executive Director

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

(3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 16<sup>th</sup> day of November, 2023.

(4) Roland Lamy is the duly elected Executive Director of the corporation.

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 16<sup>th</sup> day of November, 2023 .

*Margaret M. Pritchard*

*MLC*

*YN*



Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

108

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3496  
FAX (603) 271-1953

November 30, 2022

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

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a **sole source** amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870) Concord, NH by increasing the price limitation by \$1,354,000 from \$1,000,000 to \$2,354,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor and Council approval through September 30, 2024. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67) and modified on September 20, 2022. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II) ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	FY25	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$356,563.39	\$143,436.61			\$500,000.00
06-56-56-562010-19580000-102-500731 Contract for Program Services		\$387,000.00	\$350,000.00		\$737,000.00
06-56-56-562010-24370000-102-500731 Contract for Program Services		\$250,000.00	\$427,000.00	\$440,000.00	\$1,117,000.00
<b>Total</b>	\$356,563.39	\$780,436.61	\$777,000.00	\$440,000.00	\$2,354,000.00

### EXPLANATION

This request is sole source because CBHA is the only organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHED designated support services across the state.

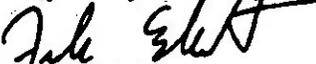
In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHED will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

CBHA will implement the NHED determined mental health training program (the "Training Program") for Program counselors. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHED to establish a work plan to ensure that available resources are targeted and as local as possible.

CBHA will work with the NHED and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

CBHA will act as the program administrator and will work with NHED to fully develop a system of delivery to participating camps. A work plan will be created which coordinates both the Training Program and on-site personnel and services. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHED and the participating camps in advance of the Program's start. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

Respectfully submitted,

  
Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), amended on August 18, 2021 (Item #111), amended on August 17, 2022 (Item #67), and modified on September 20, 2022 hereby agree to modify same as follows:

1. Amend Section 1.8 to increase the amount of the contract by \$1,354,000, from \$1,000,000 to \$2,354,000.
2. Remove Exhibit C-1 and replace with Exhibit C-2.
3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2024.
5. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office

By: *Frank Edelblut* 12/5/2022  
Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)

By: *Roland P. Lamy* November 10, 2022  
Roland P. Lamy, Executive Director Date

Approved as to form, substance, and execution by the Attorney General this 5 day of December, 2022.

*Elizabeth C. Brown*  
Elizabeth Brown, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

**EXHIBIT C-2  
Method of Payment**

Description	Amount
Training, including 5% coordination of services fee	\$331,475.00
Functional Support Staff Services, including 5% coordination of services fee	\$1,605,214.72
High Needs Students, including 5% coordination of services fee	\$265,451.28
Mileage Reimbursement, at prevailing reimbursement rate	\$12,500.00
Marketing	\$20,480.00
Administration	\$118,879.00
<b>Total</b>	<b>\$2,354,000.00</b>

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

**Reporting:** The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHED. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract exceed \$2,354,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER II – CRRSA Act 2021 (GEER II), ESSER II- CRRSA Act 2021 (ESSER II), and ESSER III-ARP Act (ESSER III), in FY23 and anticipated to be available in FY24 and FY25 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified

	FY21-22	FY23	FY24	FY25	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$356,563.39	\$143,436.61			\$500,000.00
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<b>Total</b>	<b>\$356,563.39</b>	<b>\$780,436.61</b>	<b>\$777,000.00</b>	<b>\$440,000.00</b>	<b>\$2,354,000.00</b>

Payment will be subject to funds availability. In the event that funds are not available, NHED shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau, Administrator IV  
[Jessica.l.lescarbeau@doe.nh.gov](mailto:Jessica.l.lescarbeau@doe.nh.gov)

Contractor Initials RPL  
Date 11/10/22

**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that **NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION** is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 437021

Certificate Number: 0004998720



**IN TESTIMONY WHEREOF,**

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

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

**William M. Gardner  
Secretary of State**

Certificate of Attestation

I, Margaret M. Pritchard, hereby certify that I am a duly-appointed representative of  
(Margaret M. Pritchard)

NH Community Behavioral Health Association. I hereby certify that Roland Lamy is duly

authorized to execute contracts on behalf of NH Community Behavioral Health Association and may bind  
the organization thereby.

I hereby certify that said authority has not been amended or repealed and remains in full force and  
effect as of the date of the contract to which this certificate is attached. This authority remains valid for  
thirty (30) days. 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: December 1, 2022

Attest: Margaret M. Pritchard  
(Margaret M. Pritchard, Title)

Client#: 1485395

MENTAHEA29

DATE (MM/DD/YYYY)

9/27/2022

# ACORD CERTIFICATE OF LIABILITY INSURANCE

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

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

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Nickl Renaud <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> <b>EMAIL ADDRESS:</b> nickl.renaud@usi.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Co. <b>NAIC #</b> 18058 <b>INSURER B:</b> Granite State Healthcare & Human Svc WC <b>NONAIC</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Tslenneto Rd Derry, NH 03038	

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 LTH	TYPE OF INSURANCE	ADOL SUBR INSR WWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMPROP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A		[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional		[REDACTED]	10/01/2022	10/01/2023	1,000,000 Occurrence 3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/28/2022

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

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

<b>PRODUCER</b> Brown & Brown of New Hampshire, Inc. 309 Daniel Webster Highway Merrimack NH 03054		<b>CONTACT NAME:</b> Laura MacDonald <b>PHONE (AC, Ho, Ext):</b> (603) 424-9901 <b>FAX (AC, Ho):</b> (603) 848-1223 <b>E-MAIL:</b> Laura.MacDonald@BBrown.com <b>ADDRESS:</b> Laura.MacDonald@BBrown.com	
<b>INSURED</b> Monadnock Family Services 64 Main Street, Suite 210 Keene NH 03431		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company NAIC # 10058 <b>INSURER B:</b> Technology Insurance Company, Inc. 42378 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 22-23 Master 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.

ITEM LTR	TYPE OF INSURANCE	ADDL INSURER	INSURER NRD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				[REDACTED]	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				[REDACTED]	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per occurrence) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000				[REDACTED]	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				[REDACTED]	09/01/2022	09/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 3A State: NH E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability				[REDACTED]	09/01/2022	09/01/2023	Each Professional Inc. \$1,000,000 Aggregate Limit \$3,000,000

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

**CERTIFICATE HOLDER** **CANCELLATION**

Department of Education 25 Hall Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Laura MacDonald</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/02/2022

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

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

<b>PRODUCER</b> FIAM/Cross Insurance 1100 Elm Street  Manchester NH 03101	<b>CONTACT NAME:</b> Michele Palmer <b>PHONE (A/C, No. Ext.):</b> (603) 669-3218 <b>FAX (A/C, No.):</b> (603) 645-4331 <b>EMAIL ADDRESS:</b> manch.certs@crossagency.com
<b>INSURED</b> Behavioral Health & Developmental Services of Strafford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Hanover Ins Group INSURER B: Granite State Health Care and Human Services Self-I INSURER C: Philadelphia Indemnity Ins Co INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 22-23 All w/D&amp;O      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.

USER LTR	TYPE OF INSURANCE	ADDL INSD	SUBR NYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			[REDACTED]	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 Professional Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRE AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[REDACTED]	11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			[REDACTED]	11/01/2022	11/01/2023	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers Liability			[REDACTED]	11/01/2022	11/01/2023	Limit \$5,000,000 Deductible \$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Refer to policy for exclusionary endorsements and special provisions.

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street  Concord NH 03301	<b>CANCELLATION</b> 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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Client#: 1010836

NORTHUHM

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

6/20/2022

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

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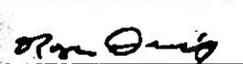
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: <b>Christine A Skehan</b> PHONE (A/C No, Ext): <b>855 874-0123</b> FAX (A/C, No): E-MAIL ADDRESS: <b>Christine.Skehan@usi.com</b>
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Philadelphia Insurance Company</b> NAIC # <b>32204</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	

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.

LINE	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	03/31/2022	03/31/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000		[REDACTED]	03/31/2022	03/31/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Healthcare Prof		[REDACTED]	03/31/2022	03/31/2023	\$1,000,000/\$3,000,000
A	Physician Prof		[REDACTED]	03/31/2022	03/31/2023	\$1,000,000/\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**Evidence of Insurance.**  
 Allied Health staff share in the limits of Insurance of the Entity.  
 Physicians have their own separate \$1M/\$3M limits of insurance, and do not share in the entity Limits of insurance.

<b>CERTIFICATE HOLDER</b> New Hampshire Department of Education 25 Hall St. Concord, NH 03301	<b>CANCELLATION</b> 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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# ACORD CERTIFICATE OF LIABILITY INSURANCE

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.

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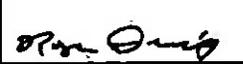
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Christine A Skehan <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> Christine.Skehan@usi.com
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> NH Employers Insurance Company
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**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 USR (INSR NO)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE; <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N		09/30/2022	09/30/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

<b>CERTIFICATE HOLDER</b> NH DEPT OF EDUCATION 25 HALL ST CONCORD, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2022

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

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PRODUCER Eaton & Berube Insurance Agency, LLC 11 Concord Street Nashua NH 03064	CONTACT NAME: Kimberly H. Gutekunst, CIC	FAX (A/C. No.):
	PHONE (A/C. No. Ext): 603-882-2766	(A/C. No.):
	E-MAIL ADDRESS: kgx@eatonberube.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED The Community Council of Nashua NH, Inc dba Greater Nashua Mental Health 100 West Pearl Street Nashua NH 03060	INSURER A: Scotsdale Insurance Co	20672
	INSURER B: Concord General Mutual	
	INSURER C: Granite State Health Care & Human Services Self In	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1164613102 REVISION NUMBER:

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

LINE LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	11/12/2022	11/12/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/12/2022	11/12/2023	COMBINED SINGLE LIABILITY (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/12/2022	11/12/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability Claims Made Retro Date: 11/12/1988		[REDACTED]	11/12/2022	11/12/2023	Each Claim Aggregate \$5,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation coverage: NH; no excluded officers.

## CERTIFICATE HOLDER

CANCELLATION 30 days/10 days non-payment

Department of Education  
25 Hall Street  
Concord NH 03301

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

AUTHORIZED REPRESENTATIVE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/26/2022

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

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<b>PRODUCER</b>		<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSR	
Cross Insurance-Laconia		<b>PHONE (A.C. No. Ext.):</b> (603) 524-2425	<b>FAX (A.C. No.):</b> (603) 524-3686
155 Court Street		<b>EMAIL ADDRESS:</b> sarah.cullen@crossagency.com	
Laconia		<b>INSURER(S) AFFORDING COVERAGE</b>	
NH 03246		<b>INSURER A:</b> Ace American Insurance Company	
		<b>INSURER B:</b> ACE Property & Casualty Ins Co	
		<b>INSURER C:</b> New Hampshire Employers Ins Co	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>		<b>NAIC #</b>	
Lakes Region Mental Health Center, Inc.		13083	
40 Beacon Street East			
Laconia			
NH 03246			

**COVERAGES**

CERTIFICATE NUMBER: CL226180009

REVISION NUMBER:

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

LINE/LTR	TYPE OF INSURANCE	ADDC(SUBR) (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		[REDACTED]	06/26/2022	06/26/2023	COMBINED SINGLE LIMIT (EA accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB		[REDACTED]	06/26/2022	06/26/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 DED \$ RETENTION \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	06/26/2022	06/26/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		[REDACTED]	06/26/2022	06/26/2023	Per Incident \$5,000,000 Aggregate \$7,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Department of Education 25 Hall Street  Concord	NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Sarah Cullen</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/22/2022

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<b>PRODUCER</b> Fred C. Church Insurance 41 Wellman Street Lowell MA 01851	<b>CONTACT NAME:</b> PHONE (AC No. Ref): 978-454-1885 FAX (AC No.): 978-454-1885 E-MAIL: jnorton@fredchurch.com ADDRESS:
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> SEACMEN-01 Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company NAIC # 18058
	<b>INSURER B:</b> Granite State HC & HS Trust
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 1191230324      **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.

INER LTR	TYPE OF INSURANCE	ADDITIONAL INSURER (INSR. NO.)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Camp \$1,000 <input checked="" type="checkbox"/> Coll \$1,000		[REDACTED]	3/1/2022	3/1/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N    N/A		[REDACTED]	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>Professional Liability</b>		[REDACTED]	3/1/2022	3/1/2023	\$1,000,000 \$3,000,000 Per Occurrence Annual Aggregate

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

<b>CERTIFICATE HOLDER</b>  New Hampshire Department of Education 25 Hall Street Concord NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/06/2022

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

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

<b>PRODUCER:</b> CGI Insurance, Inc. 5 Dartmouth Drive Auburn NH 03032		<b>CONTACT NAME:</b> Teri Davis <b>PHONE (AC, No. Ext):</b> (877) 582-8954 <b>FAX (AC, No):</b> (888) 574-2443 <b>EMAIL ADDRESS:</b> TDavis@CGIBusinessInsurance.com <b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED:</b> The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3628		<b>INSURER A:</b> Philadelphia Insurance <b>INSURER B:</b> Philadelphia Indemnity <b>INSURER C:</b> A.I.M. Mutual <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

COVERAGES      CERTIFICATE NUMBER: 22-23 wWC RE      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.

INSTR LTR	TYPE OF INSURANCE	ADDRESS (BYD / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability \$2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sexual/Physical Abuse or \$ 1,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		[REDACTED]	04/01/2022	04/01/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Hired/borrowed \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	09/12/2022	09/12/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Workers Comp 3A State: NH, MA, VT, ME & VT. Supplemental Names: Manchester Mental Health Foundations, Inc., Amoskeag Residences Inc., Bedford Counseling Associates, Family 411, Mindful Wellness, North End Counseling, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall St Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/09/2022

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

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

<b>PRODUCER</b> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com  CN102105463-paup-22-23	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C No. Ext):</b> _____ <b>FAX (A/C No.):</b> _____ <b>E-MAIL ADDRESS:</b> _____																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td></td> <td>18058</td> </tr> <tr> <td>INSURER B :</td> <td></td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A : Philadelphia Indemnity Insurance Company		18058	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A : Philadelphia Indemnity Insurance Company		18058																			
INSURER B :																					
INSURER C :																					
INSURER D :																					
INSURER E :																					
INSURER F :																					

**COVERAGES**      **CERTIFICATE NUMBER:** NYC-011365453-02      **REVISION NUMBER:** 2

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. INSUR. INFO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT. <input type="checkbox"/> LOC OTHER: _____			11/01/2022	11/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Marsh USA Inc.</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2022

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

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

<b>PRODUCER</b> Hays Companies, Inc. 980 Washington Street Suite 325 Dedham MA 02026	<b>CONTACT NAME:</b> Colin Quirk <b>PHONE (A/C, H/L, Ext):</b> <b>FAX (A/C, H/L):</b> <b>EMAIL ADDRESS:</b> Colin.Quirk@bbrown.com
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Technology Insurance Company, Inc. NAIC # 42376 INSURER B: INSURER C: INSURER D: INSURER E:
<b>INSURED</b> West Central Services, Inc.  85 Mechanic Street, Suite C2-1, Box A-10 Lebanon NH 03766	

COVERAGES      CERTIFICATE NUMBER: 22-23 WC      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.

TYPE OF INSURANCE	MODE (DOM/INT)	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE    \$ DAMAGE TO RENTED PREMISES (EA. OCCUR)    \$ MED EXP (Any one person)    \$ PERSONAL & ADV INJURY    \$ GENERAL AGGREGATE    \$ PRODUCTS - COMP/OP AGG    \$
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMMERCIAL SINGLE LIMIT (EA. OCCUR)    \$ BODILY INJURY (Per person)    \$ BODILY INJURY (Per accident)    \$ PROPERTY DAMAGE (Per accident)    \$
<b>UMBRELLA LMB</b> <input type="checkbox"/> OCCUR <b>EXCESS LMB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE    \$ AGGREGATE    \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/DISCUITIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	6/1/2022	6/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT    \$    300,000 E.L. DISEASE - EA EMPLOYEE    \$    300,000 E.L. DISEASE - POLICY LIMIT    \$    300,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b>  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  James Hays/CEHITC
---	---

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

10/18/2022

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

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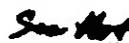
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Linda Jaeger, CIC PHONE (A/C, No., Ext): 855 874-0123 E-MAIL ADDRESS: linda.jaeger@usi.com	FAX (A/C, No.):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Riverbend Community Mental Health Inc. P.O. Box 2032 Concord, NH 03302-2032	INSURER A: Philadelphia Indemnity Insurance Co.	NAIC # 18058
	INSURER B: Grants State Healthcare & Human Svc WC	NONAIC
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDSUBR INSR W/CD	POLICY NUMBER	POLICY EXP (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJEC <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2022	10/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$: PROPERTY DAMAGE (Per accident) \$: \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10K		[REDACTED]	10/01/2022	10/01/2023	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$:
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	01/01/2022	01/01/2023	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability		[REDACTED]	10/01/2022	10/01/2023	\$1,000,000 Ea. Incident \$3,000,000 Aggregate

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b> 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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### **Mission**

Through advocacy and leadership we develop the relationships and systems to ensure the sustainability of high quality behavioral healthcare.

### **Vision**

NHCBHA envisions a future where:

- Behavioral health care is integral to overall health care
- Prevention and treatment of mental illnesses are valued by all
- Timely access is available to all
- The stigma and discrimination related to behavioral health is eliminated

### **Board of Directors Executive Committee**

Maggie Pritchard, CEO, Lakes Region Mental Health Center, Inc. – President  
Victor Topo, President & CEO, Center for Life Management – Vice President  
Jay Couture, President & CEO, Seacoast Mental Health Center, Inc. – Secretary  
Patricia Carty, CEO, Mental Health Center of Greater Manchester – Treasurer

### **Board Members**

Suzanne Gaetjens-Oleson, CEO, Northern Human Services  
Chris Kozak, Executive Director, Community Partners  
Lisa Madden, CEO, Riverbend Community Mental Health, Inc.  
Roger Osmun, President & CEO, West Central Behavioral Health  
Cynthia Whitaker, President & CEO, Greater Nashua Mental Health  
Phil Wyzik, CEO, Monadnock Family Services

**NH COMMUNITY BEHAVIORAL  
HEALTH ASSOCIATION**

**REVIEWED FINANCIAL  
STATEMENTS**

**FOR THE YEARS ENDED  
JUNE 30, 2021 AND 2020**

## INDEX TO FINANCIAL STATEMENTS

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Six Bicentennial Square, Concord, New Hampshire 03301  
P: 603.224.2000 F: 603.224.2613



## INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Board of Directors  
NH Community Behavioral Health Association  
Concord, New Hampshire

We have reviewed the accompanying financial statements of NH Community Behavioral Health Association (a nonprofit organization), which comprise the statements of financial position as of June 30, 2021 and 2020, and the related statements of activities and functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

### Management's Responsibility for the Financial Statements

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

### Accountant's Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

### Accountant's Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Respectfully submitted,

*Mason + Rich, P.A.*

MASON + RICH, PROFESSIONAL ASSOCIATION  
Certified Public Accountants  
Concord, New Hampshire

October 31, 2021

**NUMBERS TALK. WE TRANSLATE.**

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2021 AND 2020**

<b>ASSETS</b>		<b>2021</b>	<b>2020</b>
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	\$	238,496	\$ 185,885
Certificate of Deposit		51,684	-
Accounts Receivable		16,181	730
<b>Total Current Assets</b>		<b>306,361</b>	<b>186,615</b>
<b>OTHER ASSETS</b>			
Certificate of Deposit		-	51,596
<b>Total Other Assets</b>		<b>-</b>	<b>51,596</b>
<b>TOTAL ASSETS</b>	\$	<b>306,361</b>	\$ <b>238,211</b>
<b>LIABILITIES AND NET ASSETS</b>			
<b>CURRENT LIABILITIES</b>			
Accounts Payable	\$	28,025	\$ 14,343
<b>NET ASSETS WITHOUT DONOR RESTRICTIONS</b>			
		<b>278,336</b>	<b>223,868</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	\$	<b>306,361</b>	\$ <b>238,211</b>

See Accompanying Notes and Independent Accountant's Review Report

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>UNRESTRICTED ASSETS</b>		
<b>SUPPORT AND REVENUE</b>		
Dues	\$ 348,400	\$ 247,000
Dues - Communication Plan	49,000	49,000
Dues - Managed Medicaid Services	70,000	60,000
CIP Program	26,536	21,823
Grants	9,720	-
Miscellaneous Income	-	5,000
New Hampshire Behavioral Health Summit	18,134	21,177
<b>Total Support and Revenue</b>	<u>521,790</u>	<u>404,000</u>
<b>OPERATING EXPENSES</b>		
<b>PROGRAM EXPENSES</b>		
Advertising and Marketing	64,807	51,596
Consulting Fees	149,126	125,160
Dues and Subscriptions	15,493	14,750
Management Fees - CIP Program	13,596	13,596
Management Fees - NH Behavioral Health Summit	16,567	17,799
Management Fees - Data Improvement	78,097	32,470
Meetings	-	8,174
Miscellaneous	149	1,226
Printing and Reproduction	331	4,942
Website	1,896	486
Legal - Managed Medicaid	-	3,990
Government Relations	50,400	50,400
<b>Total Program Expenses</b>	<u>390,462</u>	<u>324,589</u>
<b>MANAGEMENT EXPENSES</b>		
Management Fees	66,312	66,312
Insurance	1,912	1,851
Accounting	7,604	7,680
Legal - General	1,124	1,335
Travel	-	2,478
<b>Total Management Expenses</b>	<u>76,952</u>	<u>79,656</u>
<b>TOTAL OPERATING EXPENSES</b>	<u>467,414</u>	<u>404,245</u>
<b>INCOME FROM OPERATIONS</b>	<u>\$ 54,376</u>	<u>\$ (245)</u>

See Accompanying Notes and Independent Accountant's Review Report

(Continued on next page)

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF ACTIVITIES AND FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>OTHER INCOME</b>		
Interest Income	\$ 92	\$ 899
<b>Total Other Income</b>	<b>92</b>	<b>899</b>
<b>INCREASE (DECREASE) IN NET ASSETS WITHOUT DONOR RESTRICTIONS</b>	54,468	654
<b>INCREASE (DECREASE) IN NET ASSETS</b>	<b>54,468</b>	<b>654</b>
<b>NET ASSETS, BEGINNING OF YEAR</b>	<b>223,868</b>	<b>223,214</b>
<b>NET ASSETS, END OF YEAR</b>	<b>\$ 278,336</b>	<b>\$ 223,868</b>

*See Accompanying Notes and Independent Accountant's Review Report*

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2021 AND 2020**

	2021	2020
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Increase (Decrease) in Net Assets	\$ 54,468	\$ 654
Adjustments to Reconcile Change in Net Assets to Net Cash Provided by (Used in) Operating Activities:		
Change in Certificate of Deposit	(88)	(892)
(Increase) Decrease in Operating Assets:		
Accounts Receivable	(15,451)	8,168
Increase (Decrease) in Operating Liabilities:		
Accounts Payable	13,682	(4,449)
Total Adjustments	<u>(1,857)</u>	<u>2,827</u>
Net Cash Provided by (Used in) Operating Activities	<u>52,611</u>	<u>3,481</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	52,611	3,481
<i>Cash and Cash Equivalents, Beginning of Year</i>	<u>185,885</u>	<u>182,404</u>
<i>Cash and Cash Equivalents, End of Year</i>	<u>\$ 238,496</u>	<u>\$ 185,885</u>

*See Accompanying Notes and Independent Accountant's Review Report*

## **NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**

### **NOTES TO FINANCIAL STATEMENTS**

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#### **A | NATURE OF OPERATIONS**

NH Community Behavioral Health Association (the "Organization") is a New Hampshire voluntary corporation comprised of the ten community mental health centers throughout New Hampshire. These centers serve individuals in New Hampshire who are living with, and recovering from, mental illness and emotional disorders. The goal of the Organization is to raise awareness about the crucial role played by community-based mental health centers to ensure public safety and overall public health for all New Hampshire residents. In addition, the Organization advocates for the priorities of its members which includes the sustainability of a high-quality and effective system of behavioral health care in each of the New Hampshire communities it serves so that it may improve the social welfare of the individuals in the State of New Hampshire. The Organization's revenue is derived mainly from membership dues, grants, and program revenue.

#### **B | SUMMARY OF SIGNIFICANT ACCOUNTING PRINCIPLES**

This summary of significant accounting principles of the Organization, a non-profit corporation, is presented to assist in understanding the Organization's financial statements. The financial statements and notes are the representations of the Organization's management who are responsible for their integrity and objectivity. These accounting policies conform to generally accepted accounting principles (GAAP) in the United States of America and have been consistently applied in the preparation of the financial statements.

##### ***Basis of Accounting***

The Organization uses the accrual basis of accounting in its financial statements. Under this basis, revenue is recognized when earned rather than when payment is received, and expenses are recognized when the obligation is incurred rather than when the cash is disbursed.

##### ***Use of Estimates***

The preparation of financial statements and related disclosures in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect certain amounts reported in the financial statements and accompanying notes. Actual results experienced by the Organization may differ from management's estimates.

##### ***Net Assets***

The Organization reports its net assets as required by Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Under ASU 2016-14, the Organization is required to report information regarding its financial position and activities according to the following classes: net assets without donor restrictions and net assets with donor restrictions. Descriptions of the net asset categories included in the Organization's financial statements are as follows:

Net assets without donor restrictions include revenues and expenses which are not subject to any donor imposed restrictions. Unrestricted net assets can be board designated by the Executive Board for special projects and expenditures; however, there were no such designations at June 30, 2021 and 2020.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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Net assets with donor restrictions include revenues and expenses for which time restrictions or donor-imposed restrictions have not been met. When the restriction is met, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restriction. Net assets with donor restrictions also include gifts which require, by donor restriction, that the corpus be invested in perpetuity and only the income or a portion thereof (excluding capital gains restricted by State statute) be made available for program operations in accordance with donor restrictions. The Organization had no assets with donor restrictions at June 30, 2021 and 2020.

***Contributions and Promises to Give***

Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions. Contributions are recognized when the donor makes an unconditional promise to give to the Organization. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restriction expires in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

Contributions are recognized under FASB ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Under this ASU, contributions are not recognized as revenue if there are donor-imposed conditions and barriers that must be overcome before the Organization is entitled to the assets transferred. Conditional contributions can exist if the Organization has limited discretion over how the resources are spent and the contributor retains a right of return to the resources provided if the conditions are not met. If contributions are received prior to the satisfaction of the donor-imposed conditions and barriers, the advanced receipt of funds would be recorded as deferred revenue on the statement of financial position. Once conditions have been substantially met, the contributions are recognized as revenue and classified as net assets with or without donor restrictions depending on remaining donor restrictions.

***Cash and Cash Equivalents***

The Organization considers all cash accounts, which are not subject to withdrawal restrictions or penalties and certificates of deposit with original maturities of three months or less, to be cash or cash equivalents. As of June 30, 2021 and 2020, the Organization had no cash equivalents.

***Revenue Recognition Policy***

The Organization recognizes revenue under FASB Accounting Standards Codification (ASC) 606, *Revenue from Contracts with Customers*. Under FASB ASC 606, the Organization derives revenue from membership dues, contract management services, Child Impact Program class fees, and the New Hampshire Behavioral Health Summit.

Membership dues are paid by member organizations to provide them access to general management, administration, and legislative relation services provided by the Organization. The Organization also provides opportunities to facilitate communication and information between members to promote networking and strategic planning. Additionally, the Organization offers members with communication plan services to compile and prepare information to comply with reporting

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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requirements between member organizations and external agencies. Membership dues are a fixed annual fee and the contracts with members begin and end within the same fiscal year. The Organization considers the benefits of the general management, administration, and legislative relation services to be a single performance obligation and the communication plan services to be a separate performance obligation. Member dues are allocated based on the percentage of costs to provide these services. The Organization has determined it is appropriate to recognize revenue from membership dues over time. The membership dues are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization offers contract management services to its members to assist in the implementation, negotiation, and administration of Medicaid Managed Care contracts with third party managed care organizations. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue over time. The Medicaid Managed Care contracts are fully recognized by year end because all of the benefits have transferred by the end of the year and there are no open contracts.

The Organization coordinates the Child Impact Program (CIP) between the participants, the court system, and its member organizations. The CIP is a court mandated class required for parents to understand the impact of divorce, separation, or custody issues on children. Classes are provided by the Organization's members in four hour sessions; either in a single session or in two sessions over the course of a week. Participants pay a one-time fee directly to the member organizations prior to attending the class. The Organization charges a fixed fee to its member organizations for each completed class. The revenue is considered a single performance obligation and the Organization receives payment from the member organizations on a quarterly basis. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of each session.

The New Hampshire Behavioral Health Summit is a two day event for behavioral healthcare providers and organizations to share public policy goals, obtain training through professional development sessions, and network with other professionals in the behavioral health field. The event is hosted by the Organization in conjunction with two other local agencies. The Organization pays a fixed event management fee to a third party vendor to manage the event on behalf of the Organization. The event is considered a single performance obligation and the Organization receives revenue upon completion of the event. The Organization has determined that it is appropriate to recognize revenue at a point in time at the completion of the event.

The quoted transaction prices for all of the Organization's revenue does not include variable considerations and there is no allocations of discounts or non-cash considerations. All of the Organization's contracts are one year or less. As a result, costs associated to obtain a contract is recognized as expense in the period incurred. The Organization does not have any significant financing components to its contracts.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

***Contract Assets and Liabilities***

***Accounts Receivable***

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Management evaluates the collectability of customer accounts by considering factors such as historical experience, the age of the accounts receivable balance, and current economic conditions that may affect a member's ability to pay. Past due receivables are written off at management's discretion using the direct write-off method; this is not considered a departure from accounting principles generally accepted in the United States because the effects of the direct write off method approximate those of the allowance method. The Organization does not charge interest on accounts receivable.

***Deferred Revenue***

Deferred revenue represents payments received from customers prior to the satisfaction of the corresponding performance obligations. Revenue is recognized once the corresponding performance obligations are satisfied based on the contract with the customer.

The Organization's contracts meet certain disclosure exemptions, including performance obligations, which are part of a contract that has an original expected duration of one year or less. As such, the Organization has elected to omit disclosure information about the transaction price allocated to remaining performance obligations and when revenue will be recognized. These performance obligations relate to management services which are completed in the month when the revenue is earned. All of the Organization's contracts are less than one year in length, and as a result, there were no contracts that would require disclosure of remaining performance obligations because there were no contracts open at June 30, 2021 and 2020.

***Functional Allocation of Expenses***

The costs of providing programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Expenses are charged to each program based on the direct expenses incurred.

***Advertising and Marketing***

The Organization conducts non-direct response advertising. These costs are expensed as incurred. Advertising and marketing costs for the years ended June 30, 2021 and 2020 were \$64,807 and \$51,596, respectively.

***Income Taxes***

The Organization adopted the provisions of FASB ASC 740-10, *Accounting for Uncertain Tax Positions*. FASB ASC 740-10 prescribes a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as de-recognition, interest, penalties, and disclosures required. Additionally, the Organization recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

**C | ADOPTION OF NEW ACCOUNTING STANDARD**

In May 2014, FASB established ASC Topic 606, *Revenue from Contracts with Customers*. ASC 606 and all subsequently issued clarifying ASUs replaced most existing revenue recognition guidance in GAAP. The ASC also requires expanded disclosures related to the nature, amount, time, and uncertainty of revenue and cash flows arising from contracts with customers. The Organization adopted the new standard effective July 1, 2020, using the modified retrospective approach.

As part of the adoption of ASC 606, the Organization elected the following transition practical expedients: (i) to reflect the aggregate of all contract modifications that occurred prior to the date of initial application when identifying satisfied and unsatisfied performance obligations, determining the transaction price, and allocating the transaction price; and (ii) to apply the standard only to contracts that are not completed at the initial date of application. Because contract modifications are minimal, there is not a significant impact as a result of electing these practical expedients.

Management has assessed the impact of ASC 606 and has determined that ASC 606 would have no significant impact in the timing of measurement of revenues based upon the guidance. As a result, there were no material effect on the Organization's financial statements for the year ended June 30, 2021.

In June 2018, FASB issued ASU 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, effective for financial reporting periods beginning after December 15, 2018. This update clarifies and improves current guidance about whether a transfer of assets is a contribution or exchange transaction. The Organization adopted the new standard effective July 1, 2020 using the modified prospective approach.

Prior to the implementation of ASU 2018-08, the Organization recorded conditional contributions that were restricted by the donor as increases in net assets with donor restrictions. After implementation of ASU 2018-08, the Organization may not recognize revenue if contributions are conditional. Conditional contributions received in advance are recorded as deferred revenue until conditional have been substantially met. See Note B, Contributions and Promises to Give, for more information.

**D | ACCOUNTS RECEIVABLE AND CONTRACT ASSETS AND LIABILITIES**

	2021	2020	Change (\$)
Accounts Receivable	\$ 16,181	\$ 730	\$ 15,451

Accounts receivable increased by \$15,451 for the year ended June 30, 2021 due to timing. There were no contract liabilities for the year ended June 30, 2021.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

**E | DISAGGREGATION OF REVENUE FROM CONTRACTS WITH CUSTOMERS**

Contract revenue based on service line and timing of satisfaction of performance obligations consists of the following for the year ended June 30, 2021:

<u>Service transferred over time</u>	<u>Amount</u>
Dues	\$ 348,400
Dues – Communication Plan	49,000
Managed Medicaid Services	70,000
Total Revenue Over Time	<u>\$ 467,400</u>
<u>Service transferred at a point in time</u>	
CIP Program	\$ 26,536
New Hampshire Behavioral Health Summit	18,134
Total Revenue at a Point in Time	<u>\$ 44,670</u>
Total Revenue from Contracts with Customers	<u>\$ 512,070</u>

**F | CONCENTRATIONS**

***Cash and Certificate of Deposit***

The Organization maintains substantially all its cash and the certificate of deposit in one financial institution. The account is secured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. During the year, the Organization may occasionally exceed the FDIC insurance limit. At June 30 2021, the Organization had uninsured balances of \$40,180 and no uninsured balances as of June 30, 2020.

***Vendors***

Expenses from three of the Organization's major vendors represented 90% of the Organization's expense for the year ended June 30, 2021. The amounts due to these vendors comprised 99% of the total accounts payable balances at June 30, 2021.

Expenses from three of the Organization's major vendors represented 91% of the Organization's expense for the year ended June 30, 2020. The amounts due to these vendors comprised 93% of the total accounts payable balances at June 30, 2020.

**G | INCOME TAXES**

***Tax Status***

The Organization qualifies as a non-profit organization under section 501(c)(4) of the Internal Revenue Code; therefore, it is exempt from federal and state income taxes.

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

***Uncertain Tax Positions***

For the years ended June 30, 2021 and 2020, management has evaluated its tax positions in accordance with FASB ASC 740-10, Accounting for Uncertain Tax Positions. The Organization's management does not believe they have taken uncertain tax positions; therefore, a liability for income taxes associated with uncertain tax positions has not been recognized. Additionally, the Organization did not recognize interest or penalties resulting from tax liabilities associated with recognizing uncertain tax positions for the years ended June 30, 2021 and 2020.

***Income Tax Examinations***

The Organization is a nonprofit organization; as a result it files a federal form 990, *Return of Organization Exempt from Income Tax*. In the normal course of business, the Organization is subject to examination by taxing authorities. With few exceptions, the Organization is no longer subject to federal examinations of their federal Form 990 for years before 2018.

**H | CERTIFICATE OF DEPOSIT**

The Organization invested in a certificate of deposit which is classified as a short-term investment in 2021; however, in 2020 this certificate of deposit is classified as long-term since the maturity was extended beyond twelve months from the date of the statement of financial position. The certificate of deposit at June 30, 2021 matures on January 6, 2022 and earns interest at a rate of 0.15% percent per annum.

**I | RELATED PARTY TRANSACTIONS**

The Organization receives substantially all its revenue from its member organizations.

**J | LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS**

The Organization's financial assets available within one year from the statement of financial position date for general operating expenses are as follows:

	2021	2020
Cash and Cash Equivalents	\$ 238,496	\$ 185,585
Certificate of Deposit	51,684	-
Accounts Receivable	16,181	730
Financial assets available to meet cash needs for general expenditures within one year	\$ 306,361	\$ 186,615

**NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION**  
**NOTES TO FINANCIAL STATEMENTS**

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For the year ended June 30, 2021, the Organization had financial assets on hand equal to approximately eight months of operating expenses, which totaled \$467,414. For the year ended June 30, 2020, the Organization had financial assets on hand equal to approximately five months of operating expenses, which totaled \$404,245. At times, the Board of Directors may designate a portion of any operating surplus to its liquidity reserve for future expenditures; however, there were no such designations at June 30, 2021 and 2020. The Organization believes its liquid financial assets are sufficient to fund unanticipated liquidity needs that may arise.

There were no board designated net assets at June 30, 2021 and 2020.

**K | SUBSEQUENT EVENTS**

Management has evaluated subsequent events through October 31, 2021, the date which the financial statements were available to be issued, and has not evaluated subsequent events after that date. The Organization did not identify any subsequent events that would require disclosure in the financial statements:

# ERIN K. MEAGHER

## QUALIFICATIONS PROFILE

- Expert multitasker supporting multiple partners and clients simultaneously with keen ability to meet deadlines and continuously exceed expectations.
- 30 plus years of customer focused work with a demonstrated ability to work successfully with groups including leaders, colleagues, internal & external customers balancing collaboration, leadership, and decisiveness.
- Proficient in planning, organizing, coordinating, & controlling resources required for day-to-day operations.
- Continued process improvement, maintaining high quality while improving timeliness, efficiency, & cost effectiveness.
- Action oriented, creative, and innovative problem solver. A big picture person with an eye on details & how they affect everyone involved.

## PROFESSIONAL EXPERIENCE

### HELMS & COMPANY, INC.

*Office Manager, Human Resources, Project Manager*

CONCORD, NH

*August 2008 – Present*

- Operations Manager for NH Vaccine Association & NH Health Plan: management of assessment collections, agendas/minutes, customer education, Board support, administrative functions.
- Executive Assistant & Financial Administration for NH Community Behavioral Health Association: agendas/minutes, AR/AP, budgets, tax preparation, administration & oversight of the Child Impact Program & Summer Camp Program Grant, Board support, customer education.
- Executive Assistant, Financial Administration, & Payer Contract Support for: VNA Health System of Northern New England, Rural Home Care Network, & VNA Health Systems of Vermont: agendas/minutes, AR/AP, budgets, tax preparation, Board support, administrative functions, & support of up to six workgroups, support of contracting efforts with insurance companies, development of dashboards & ongoing maintenance, client education.
- Executive Assistant for five Principal Owners: administrative support on key projects, data analysis, administrative functions.
- Responsible for day-to-day operations, purchasing, building management, banking relations.
- Human Resource Officer: benefit administrator, hiring, annual performance reviews.

*Executive Assistant & Human Resources*

*April 2005 – August 2008*

*Executive Assistant*

*March 2004 – April 2005*

### KILLARNEY HOUSE INTERIOR DESIGN

*Self-Employed Interior Designer*

CONCORD, NH

*January 2001 – March 2004*

### THE GIG

*Billing & Account Specialist, Part time*

LONDONDERRY, NH

*October 2001 – July 2002*

- Insurance & patient billing, AR, for a radiologist & small physical therapy office.

# ERIN K. MEAGHER

## ANTHEM BLUE CROSS BLUE SHIELD

MANCHESTER, NH

### *Business Systems Analyst – Provider Network Management*

November 1999 – January 2001

- Liaison between system users & programmers to develop system enhancements ensuring business requirements are incorporated into system design & testing.
- Compile & analyze data to identify processes for improvement. Develop reliable procedures resulting in increased accuracy, decreased cycle time, improved efficiency, & substantial cost savings.
- Resolve internal & external problems certifying compliance with Plan administrative policies, laws & regulations governing the corporation.

### *Provider Service Representative – Provider Network Management*

January 1998 – October 1999

- Maintain contractual relationship with existing providers & continued recruitment to network with professional & institutional providers.
- Educate physicians, PHO/IPA administrators, hospital administrators, office managers & staff on reimbursement, risk sharing, & billing requirements, through telephone & written communications, site visits, presentations at provider seminars.

### *Senior Customer Service Representative – Federal Employee Program*

February 1993 – January 1998

- Daily management of customer service call center (up to seven employees), hiring, performance expectations & goals, annual performance reviews.
- Resolve high impact, complex inquiries involving policy, claim disputes, system errors.
- Develop & administer cross-functional training in customer service & claim processing. Provide Quality Service Skills (QSS) & Quality Assurance (QA) training.
- Interpret Federal regulations, bulletins, benefit policies & system updates. Implement necessary corporate policies & procedures to ensure compliance.

## SKILLS / APPOINTMENTS

- ◆ Expert level: Microsoft Word, Excel, Outlook, PowerPoint, Publisher.
- ◆ Proficient: WordPress, QuickBooks, Access
- ◆ Notary Public

## REFERENCES

- ◆ Available upon request.

**Roland P. Lamy Jr.**

MBA, New Hampshire College 1994

B.S. Management, Bloomsburg University 1991

### CAREER EXPERIENCE

#### Dartmouth Hitchcock Medical Center, Lebanon, NH 11/12- Present

##### Strategic Liaison

Assist and manage initiatives to enhance the mission of Dartmouth Hitchcock Health including network liaison to a Medicare Shared Savings initiative in Vermont, development of a joint venture health plan and liaison to rural hospital system(s) seeking stronger affiliation to Dartmouth Hitchcock. Serve as Chair of the Board for Benevera Health, a population health company jointly owned by a large regional third-party payer, three hospitals and Dartmouth Hitchcock Health.

#### Helms and Company, Concord, NH 10/02 – Present

##### President/Senior Consultant

Provide consultative resource to Hospitals, Physicians, and ancillary health care providers in Vermont, Maine, and New Hampshire. Manage the New Hampshire Community Behavioral Health Association, which contains the State's ten Community Mental Health Centers, which act as the system of community mental health care in New Hampshire. Assist Physicians and Hospitals with operational and economic issues including denial management processes, physician practice evaluations and valuations, third party payer contracting, and organizational structure analysis.

#### State of New Hampshire Department of Health and Human Services, NH 1/02- 10/02

##### Assistant Director, Office of Health Planning and Medicaid

Directing 100+ employees serving New Hampshire's Medicaid population and provide oversight to several consultant and vendor contracts. Responsible for approximately \$285 million spent for services to care for low income adults, women, and children in New Hampshire.

Work closely with the Commissioner's office, State Legislature, and Governor's office on budget preparation, forecasting, and deficit plan reductions. Provide testimony on behalf of Department of Health and Human Services for Senate and House subcommittee hearings.

#### Helms and Company, Concord, NH 10/01-1/02

##### Healthcare Consultant

Provided consulting services to several New Hampshire Hospitals regarding managed care contracting.

Performed educational sessions to physician practices in New Hampshire seacoast area with emphasis on negotiation skill and creating leverage.

**Anthem Blue Cross and Blue Shield, Manchester, NH 8/91-10/01**

**Executive Director Network Development and Management 10/00-10/01**

Directed the overall management of 60 employees responsible for administration of provider contracts including Hospital and Physician contract negotiation, provider contract administration, provider service, and network management.

Managed total health care budget for the enterprise and a \$10 million administrative budget with the goal of improving member health while utilizing the consumer dollar in the most effective and efficient manner possible.

Governed the oversight of 5 large vendor contracts including pharmacy management, behavioral health, provider bill audits, high cost drugs, and other consultants to develop an automated risk model settlement process.

**Special Network Consultant 03/00-10/00**

Maintained unique provider and payer risk model arrangement with nearly one-third of State provider network including Physicians and 12 Hospitals in the New Hampshire rural health coalition.

Worked directly with the Medical Director to develop new programs aimed at improving medical outcomes and financial targets based upon analysis of utilization levels for variety of specialties.

Evaluated risk model effectiveness on quality of care outcomes, financial targets, and performed risk model settlements including the development of new medical cost targets, reinsurance levels and pricing, and consulted with Rural Health Coalition on new initiatives to improve community results.

**Sales Manager of Public Business and Government Programs 6/94-3/00**

Directed account management of more than 50% of Blue Cross and Blue Shield membership servicing public business clients with a staff of 25: included market plan development, direct marketing programs, rate and product consultation, forecasting, budgeting, and monitoring of results.

Profitably directed company's public business and government programs, developed and evaluated new and existing government contracts such as Medicaid, Title XXI and Medicare Risk. Provided management guidance for creation of a new product in a fast track implementation and completed two corporate merger projects.

**Group Health Underwriter 8/91-6/94**

Executed underwriting policies, risk evaluation and creation of group health rates for all lines of health care business while meeting corporate objectives: included creation of a capitation "calculator" utilized for provider funding for Managed Care business.

**VOLUNTEER INTERESTS**

- NH Healthy Kids Corporation                      2002-2012
- NH Fiscal Policy Institute                        2016-present
- NH Children's Health Foundation                2018-present



**NH Community Behavioral  
Health Association**

1 Pillsbury Street, Suite 200  
Concord, NH 03301  
603.225.6633  
[www.nhcbha.org](http://www.nhcbha.org)

**Date:** November 30, 2022  
**To:** To whom it may concern  
**From:** Erin Meagher, Project Manager  
**cc:** Roland Lamy, Executive Director

---

Please allow this memo to respond to the question posed regarding percent of salary of key personnel that the Department of Education grant supports.

The NH Community Behavioral Health Association is managed through a Management Services Agreement and does not have direct employees. Helms & Company, Inc. provides the management services and the administrative dollars noted in the September 20, 2022, grant amendment are approximately 16% of the overall agreement that funds the Association management.

ed



Frank Edelblut  
Commissioner

Christine M. Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, NH 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

September 15, 2022

**Modification to: New Hampshire Community Behavioral Health Association Contract  
Approved by Governor and Council on August 17, 2022, Item #67**

Authorize New Hampshire Department of Education, Division of Learner Support, Bureau of Covid-19 Education Programs to modify the contract with New Hampshire Community Behavioral Health Association (VC# 355870) Concord, NH in the amount not to exceed \$1,000,000.00 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program. As of October 1, 2022, New Hampshire Community Behavioral Health Association, will modify their item budgets by transferring unused funds in the amount of \$143,436.61 from the FY21-22 budget to the FY23 budget. FY24 budget will remain unchanged at this time. See Budget Modification Table.

**Modification to include:**

- Funds in the FY21-22 budget will decrease by \$143,436.61
- Funds in the FY23 budget will increase by \$143,436.61
- The not to exceed amount of \$1,000,000.00 will remain unchanged.
- NOTE: all other contractual obligations remain in place as established in the original contract.

100% Federal Funds.

Funds to support this request are available in the accounts titled GEERII - CRRSA Act 2021 (GEER II) and ESSER III- ARP 2021 for FY21-22 and FY23 and are anticipated to be available in the ESSER III- ARP 2021 for FY24, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust encumbrances between fiscal years within the price limitation through the Budget Office, without further Governor approval, if needed and justified.

**Budget Modification Table:**

	FY21-22 Original	FY21-22 Decrease	FY21-22 Adjusted
06-56-56-562010-19590000-102-500731	\$500,000.00	(\$143,436.61)	\$356,563.39

	FY23 Original	FY23 Increase	FY23 Adjusted	FY24
06-56-56-562010-19590000-102-500731	\$250,000.00	\$143,436.61	\$143,436.61	\$0
06-56-56-562010-24370000-102-500731	\$0	\$0	\$250,000.00	\$250,000.00
	\$250,000.00	\$143,436.61	\$393,463.61	\$250,000.00

**Limitation of Price:** This contract will not exceed \$1,000,000.00

Funds are contingent on:

- 1.) Federal Funding from the GEERII - CRRSA Act 2021 (GEER II) grant and ESSER III- ARP 2021; and
- 2.) Attainment of contractual and performance goals and measures.



Date: 9/20/2022

Frank Edelblut  
Commissioner  
Department of Education



Date: 09/15/22

Roland Lamy  
Executive Director  
New Hampshire Community Behavioral  
Health Association

MLC  
67

40



Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL (603) 271-3495  
FAX (603) 271-1863

July 26, 2021

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

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NHED) to enter into a sole source amendment to an existing contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, by increasing the price limitation by \$500,000 from \$500,000 to \$1,000,000 and extending the end date from September 30, 2022 to September 30, 2024 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval. The original contract was approved by the Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111). 100% Federal Funds.

Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 (GEER II), in FY23 and anticipated to be available in FY24 upon the availability and continued appropriation of funds in the future operating budget with the authority to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified.

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$500,000	\$250,000	\$250,000	\$1,000,000

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

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

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "Rekindling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above-described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
2. Summer Camp Functional Support Staffs.
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.

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

3. The Training Program will be conducted by certified Mental Health First Aid instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

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

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021, submitted to the Governor and Council on June 31, 2021 (Information Item #FF), and amended on August 18, 2021 (Item #111) hereby agree to modify same as follows:

1. Amend Section 1.7 Completion Date by removing September 30, 2022 and replacing with September 30, 2024.
2. Amend Section 1.8 to increase the amount of the contract by \$500,000, from \$500,000 to \$1,000,000.
3. Amend Exhibit C by replacing the current Exhibit C with Exhibit C-1.
4. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
5. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2024.
6. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office

By: Frank Edelblut 8/2/2022  
Frank Edelblut, Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)

By: Roland Lamy 7/21/22  
Roland Lamy, Executive Director Date

Approved as to form, substance and execution by the Attorney General this 2 day of August, 2022.

Elizabeth C. Brown  
Elizabeth Brown, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

By: \_\_\_\_\_

**EXHIBIT C - I**  
Method of Payment

**Program Fees**

Description	Amount
Training, including 5% coordination of services fee	\$125,000
Functional Support Staff Services, including 5% coordination of services fee	\$600,000
High Needs Students, including 5% coordination of services fee	\$174,000
Mileage Reimbursement, at prevailing reimbursement rate	\$18,000
Marketing	\$23,000
Administration	\$60,000
<b>Total</b>	<b>\$1,000,000</b>

The CBHA may include a five percent (5%) coordination fee for Training, Functional Support Staff Services and High Needs Students support services. Such fee shall be inclusive of the above budget amounts.

**Reporting:** The CBHA shall provide an end of summer/program report detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the State's obligation under this contract shall not exceed \$1,000,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER II – CRRSA Act 2021, with the ability to adjust encumbrances amongst fiscal years within the price limitation through the Budget Office without further Governor and Council approval if needed and justified, as follows:

	FY21-22	FY23	FY24	Total
06-56-56-562010-19590000-102-500731 Contract for Program Services	\$500,000	\$250,000	\$250,000	\$1,000,000

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Jessica Lescarbeau,  
NH Department of Education  
25 Hall Street,  
Concord, NH 03301  
[jessica.lescarbeau@doe.nh.gov](mailto:jessica.lescarbeau@doe.nh.gov)

Contractor Initials *LOL*  
Date 7/2/22

**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that **MR COMMUNITY BEHAVIORAL HEALTH ASSOCIATION** is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 437031

Certificate Number: 0004968720



**IN TESTIMONY WHEREOF,**

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

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

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE**

I, Margaret M. Pritchard do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

- (1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)
- (2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 28, 2022  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland Lamy, Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)  
is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

- (3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 28<sup>th</sup> day of July, 2022.  
(day, month, yr) (must be same date as the contract date)
- (4) Roland Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 28<sup>th</sup> day of July, 2022.

Margaret M. Pritchard  
(Signature of Clerk of Corporation)

Client#: 1485395

MENTAHEA29

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/08/2022

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

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

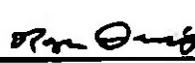
<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Nicki Renaud <b>PHONE (A/C No. Ext):</b> 855 874-0123 <b>FAX (A/C. No.):</b> <b>EMAIL ADDRESS:</b> nicki.renaud@usi.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Tslenneto Rd Derry, NH 03038	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co. <b>NAIC #</b> 18058
	<b>INSURER B:</b> Granite State Healthcare & Human Svc WC <b>NONAIC</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>
	<b>INSURER G:</b>

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.

TYPE	TYPE OF INSURANCE	ADDITIONAL PERIOD	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	10/01/2021	10/01/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		[REDACTED]	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEP <input checked="" type="checkbox"/> RETENTION \$10000		[REDACTED]	10/01/2021	10/01/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/CLERK EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS HERE	Y/N N	[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab		[REDACTED]	10/01/2021	10/01/2022	1,000,000 3,000,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/24/2022

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

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

<b>PRODUCER</b> FIA/Cross Insurance 1100 Elm Street Manchester NH 03101	<b>CONTACT NAME:</b> Michele Palmer <b>PHONE (incl. area code):</b> (603) 869-3218 <b>FAX (incl. area code):</b> (603) 845-4331 <b>EMAIL:</b> manoh.carta@crossagency.com
<b>INSURED</b> Behavioral Health & Developmental Services of Stratford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Ins Co INSURER B: Granite State Health Care and Human Services Ser. INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 21-22 All w D&O      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.

ITEM #	TYPE OF INSURANCE	DESCRIPTION	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability		[REDACTED]	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Per person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Professional Liability \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/01/2021	11/01/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	01/01/2022	01/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers Liability		[REDACTED]	11/01/2021	11/01/2022	Limit \$5,000,000 Deductible \$35,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 91, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hall Street Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Michael Palmer</i>
---	---



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/22/2022

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

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

**PRODUCER**  
Eston & Benube Insurance Agency, LLC  
11 Concord Street  
Nashua NH 03064

**CONTACT NAME:** Kimberly H. Gustafson, CIC  
**PHONE (A/C No. Ext.):** 603-882-2766  
**FAX (A/C No.):**  
**EMAIL:** kg@estonbenube.com  
**ADDRESS:**

**INSURED**  
The Community Council of Nashua NH, Inc  
dba Greater Nashua Mental Health  
100 West Pearl Street  
Nashua NH 03060

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scotsdale Insurance Co	
INSURER B: Concord General Mutual	20672
INSURER C: General Star Indemnity Co	
INSURER D: Granite State Health Care & Human Services Self Ins	
INSURER E:	
INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER: 648470312**      **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.

TYPE OF INSURANCE	COVERAGE (ADD) (DED)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		[REDACTED]	11/12/2021	11/12/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - CONYOP AGG \$ 2,000,000 \$
<b>B</b> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HOLED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	11/12/2021	11/12/2022	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB.</b> <input checked="" type="checkbox"/> OCCUR EXCESS LMS <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	11/12/2021	11/12/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
<b>D</b> <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y/N <input checked="" type="checkbox"/> N	[REDACTED]	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - SA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
<b>C</b> <b>Professional Liability</b> Covers: Health Rev's Date: 11/12/1998		[REDACTED]	11/12/2021	11/12/2022	Each Claim Aggregate \$5,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Compensation coverage: NH; no excluded officers.

**CERTIFICATE HOLDER**

... CANCELLATION 10 days non-pay/30 days other

Department of Education  
25 Hall Street  
Concord NH 03301

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

AUTHORIZED REPRESENTATIVE

*Kimberly H. Gustafson*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/28/2022

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

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

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Sarah Cullen, AINS, ACSA	
Crosby Insurance-Laconia 155 Court Street		<b>PHONE (AC No. Ext.):</b> (603) 824-2425	<b>FAX (AC No.):</b> (603) 824-3888
Laconia NH 03248		<b>EMAIL ADDRESS:</b> sarah.cullen@crosbyagency.com	
<b>INSURER(S) AFFORDING COVERAGE</b>			
<b>INSURED</b>		<b>INSURER A:</b> Ace American Insurance Company	
Lakes Region Mental Health Center, Inc. 40 Beacon Street East		<b>INSURER B:</b> ACE Property & Casualty Ins Co	
Laconia NH 03248		<b>INSURER C:</b> New Hampshire Employers Ins Co	13003
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

COVERAGES      CERTIFICATE NUMBER: CL2261800009      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.

FORM LTR	TYPE OF INSURANCE	APPLICABLE RATES	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		[REDACTED]	08/28/2022	08/28/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 250,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	08/28/2022	08/28/2023	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		[REDACTED]	08/28/2022	08/28/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
C	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	08/28/2022	08/28/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		[REDACTED]	08/28/2022	08/28/2023	Per Incident \$5,000,000 Aggregate \$7,000,000

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

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Department of Education 25 Hall Street  Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Sarah Cullen</i>

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2021

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

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

<b>PRODUCER</b> Brown & Brown of New Hampshire 300 Daniel Webster Highway Manchester NH 03034	<b>CONTACT NAME:</b> Patricia LeBlanc <b>PHONE (AC, NY, TX):</b> (603) 424-8901 <b>FAX (AC, NY):</b> (603) 848-1223 <b>EMAIL ADDRESS:</b> Patricia.LeBlanc@Brown.com
<b>INSURED</b> Monednock Family Services 64 Main Street Suite 210 Keene NH 03421	<b>INSURER (S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Philadelphia Indemnity Insurance Company <b>INSURER B:</b> Technology Insurance Company, Inc. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES**      **CERTIFICATE NUMBER:** 21-22      **REVISION NUMBER:**

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

TYPE	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Per one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[REDACTED]	08/01/2021	08/01/2022	COMBINED SINGLE LIMIT (Per person) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	08/01/2021	08/01/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	[REDACTED]	08/01/2021	08/01/2022	<input checked="" type="checkbox"/> NH POLICY <input type="checkbox"/> OTHER 3A State NH EL EACH ACCIDENT \$ 500,000 EL DISEASE - SA EMPLOYER \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		[REDACTED]	08/01/2021	08/01/2022	Each Incident \$ 1,000,000 Aggregate \$ 3,000,000

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

Cyber coverage Limit \$1,000,000, \$5,000 deductible

<b>CERTIFICATE HOLDER</b> NH Department of Education 25 Hall Street Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Julie Bennett</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/17/2022

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

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

PRODUCER CGI Insurance, Inc. 5 Dartmouth Drive Albany NH 03032	CONTACT NAME: Teri Davis PHONE (AC, No. Ext): (877) 862-8954 FAX (AC, No.): (603) 674-2443 EMAIL: TDavis@CGIBusinessInsurance.com ADDRESS: [Redacted]
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3029	INSURER A: Philadelphia Insurance INSURER B: Philadelphia Indemnity INSURER C: A.J.M. Mutual INSURER D: INSURER E: INSURER F:

COVERAGES      CERTIFICATE NUMBER: 22-23 Master      REVISION NUMBER:

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

LINE	TYPE OF INSURANCE	AGENCY (INS)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability \$2M Agg  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		[Redacted]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Sexual/Physical Abuse or \$ 1,000,000 DOMESTIC VIOLENCE LIMIT (EA person) \$ 1,000,000 BODILY INJURY (Per person) \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		[Redacted]	04/01/2022	04/01/2023	PROPERTY DAMAGE (Per person) \$ Hired/Borrowed \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		[Redacted]	04/01/2022	04/01/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Boundary in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[Redacted]	08/12/2021	08/12/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 500,000 EL DISEASE - EA EMPLOYEE \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Workers Comp 3A State: NH, MA & VT Supplemental Names: Manchester Mental Health Foundations, Inc., Manchester Mental Health Realty, Inc., Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc., Amoskeag Residences Inc., Bedford Counseling Associates, Family 411, Mindful Wellness, North End Counseling, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER Department of Education 25 Main St 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 [Signature]
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Client#: 1010838

NORTHHAM

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/20/2022

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

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

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	<b>CONTACT NAME:</b> Christine Skehan <b>PHONE (A/C, H, F):</b> 855 874-0123 <b>FAX (A/C, H, F):</b> <b>EMAIL ADDRESS:</b> Christine.Skehan@usi.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INSURER A:</b> Philadelphia Insurance Company <b>NAIC #</b> 32204
	<b>INSURER B:</b> NH Employers Insurance Company <b>13083</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

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.

WHEN IN EFFECT	TYPE OF INSURANCE	ADDITIONAL COVERAGES	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$; \$;
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMMERCIAL SINGLE LIMIT (Per person) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  RETENTION \$					EACH OCCURRENCE \$110,000,000 AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPERTY PARTNERS/EXECUTIVE OF POLICYHOLDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		08/30/2021	08/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$500,000 EL DISEASE - SA EMPLOYEE \$500,000 EL DISEASE - POLICY LIMIT \$500,000

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

<b>CERTIFICATE HOLDER</b> New Hampshire Department of Education 25 Hall St. Concord, NH 03301	<b>CANCELLATION</b> 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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Client#: 1364844

RIVERCOM12

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/20/2021

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

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

PRODUCER: USI Insurance Services LLC, 3 Executive Park Drive, Suite 300, Bedford, NH 03110, 655 874-0123. CONTACT NAME: Linda Jaeger, CIC, 855 874-0123, linda.jaeger@usi.com. INSURER A: Philadelphia Indemnity Insurance Co. 18058. INSURER B: Granite State Healthcare & Human Svc WC. NONAIC.

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.

Table with columns: LINE, TYPE OF INSURANCE, ADDRESSES, POLICY NUMBER, POLICY EFF. DATE, POLICY EXP. DATE, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, and Professional Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Department of Education, 26 Hall 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: [Signature]

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/22/2022

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

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

**PRODUCER**  
Fred C. Church Insurance  
41 Wellman Street  
Lowell MA 01851

**CONTACT NAME:**  
John Norton  
Tel: 978-454-1865 FAX: 978-454-1865  
Address: jnorton@fredchurch.com

**INSURER(S) AFFORDING COVERAGE**  
INSURER A: Philadelphia Indemnity Insurance Company  
INSURER B: Granite State MC & HS Trust

**INSURED**  
Seacoast Mental Health Center, Inc.  
1145 Sagamore Avenue  
Portsmouth NH 03801

SEACHEN-01

INSURER C:  
INSURER D:  
INSURER E:  
INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER: 1181230324**      **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.

TYPE	TYPE OF INSURANCE	ADDITIONAL CODES	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Camp \$1,000 <input checked="" type="checkbox"/> Car \$1,000		[REDACTED]	3/1/2022	3/1/2023	BODILY INJURY (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEF <input checked="" type="checkbox"/> RETENTION \$ 10,000		[REDACTED]	3/1/2022	3/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	[REDACTED]	1/1/2022	1/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		[REDACTED]	3/1/2022	3/1/2023	\$1,000,000 \$3,000,000 Per Occurrence Annual Aggregate

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
New Hampshire Department of Education 25 Hall Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/29/2022

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

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

<b>PRODUCER</b> MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.csrrequest@marsh.com  ON102105483-gasp-21-22	<b>CONTACT NAME:</b> PHONE (AC, HA, EXT): FAX (AC, EXT): E-MAIL: ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Capital Specialty Insurance Corporation</td> <td>10328</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Capital Specialty Insurance Corporation	10328	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Capital Specialty Insurance Corporation	10328													
INSURER B:														
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED:</b> West Central Services, Inc c/o West Central Behavioral Health 25 Mechanic St, Suite C3-1 Box A-10 Lebanon, NH 03766														

COVERAGES      CERTIFICATE NUMBER: NYC-01136543-01      REVISION NUMBER: 2

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRD. SECT. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	[REDACTED]	11/01/2021	11/01/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRE/LEASED ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> COI <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b> Department of Education 25 Hill Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Marsh USA Inc.</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/17/2022

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

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

<b>PRODUCER</b> Hays Companies, Inc. 980 Washington Street Suite 325 Dedham MA 02026	<b>CONTACT NAME:</b> Colin Quirk <b>PHONE:</b> <b>FAX:</b> <b>EMAIL:</b> Colin.Quirk@bbrown.com <b>ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Technology Insurance Company, Inc. <b>NAIC #:</b> 41376 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**INSURED:** West Central Services, Inc.  
83 Mechanic Street, Suite C2-1, Box A-10  
Lebanon NH 03766

**COVERAGES**      **CERTIFICATE NUMBER:** 22-23 WC      **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 PWD CLAIMS.

ITEM	TYPE OF INSURANCE	POLICY	START	END	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	LIMITS
1	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER OCCASION <input type="checkbox"/> LOC OTHER:							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (EA OCCURRENCE) MED EXP (Per one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> ALL OWNED AUTOES <input type="checkbox"/> NON-OWNED AUTOES <input type="checkbox"/> HIRED AUTOES							COLLUSION SINGLE LIMIT (EA OCCURRENCE) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
2	<b>UMBRELLA LMB</b> <input type="checkbox"/> OCCUR <b>EXCESS LMB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$							EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYER LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT    \$ 300,000 EL DISEASE - EA EMPLOYEE    \$ 300,000 EL DISEASE - POLICY LIMIT    \$ 300,000

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

<b>CERTIFICATE HOLDER</b>  Department of Education 25 Hall Street Concord, NH 03301	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  James Hays/CEMITC

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Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL (803) 271-3498  
FAX (803) 271-1853

July 25, 2021

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

**REQUESTED ACTION**

Authorize the Department of Education (Department) to amend an existing contract with the New Hampshire Community Behavioral Health Association (CBHA), Concord, NH, (Vendor Code #355870), by extending the end date from September 30, 2021 to September 30, 2022, and to broaden the scope of services to allow the CBHA mental health training program in non-Rekindling Curiosity Program camp settings including trainings for educators, with no increase to the contract price, effective upon Governor and Counsel approval. The original item was approved by the Governor on June 2, 2021. 100% Federal Funds.

**EXPLANATION**

As the CBHA has rolled out its mental health training program to New Hampshire camps, they have received outreach from non-Program camps (e.g., non-Rekindling Curiosity camp programs) that also serve school age students. The Department and the CBHA would like to allow such non-Rekindling Curiosity Program camps to participate in the trainings. This can be accommodated at no additional cost to the Program. In addition, because of the late implementation of the Program, not all camps have been able to take advantage of this offer. By extending the time, more camps will be able to participate in the mental health training.

Respectfully submitted,

Frank Edelblut  
Commissioner of Education

**AMENDMENT TO  
PROFESSIONAL SERVICES CONTRACT**

Now come the New Hampshire Department of Education hereinafter "the Agency," and the New Hampshire Community Behavioral Health Association, Concord, NH, hereinafter "CBHA", (Vendor Code #355870) and, pursuant to an agreement between the parties that was approved by Governor on June 2, 2021 hereby agree to modify same as follows:

1. Amend Section 1.7 Completion Date by removing September 30, 2021 and replacing with September 30, 2022.
2. Add to Exhibit B, Section I, "The CBHA shall also offer its mental health training program in non-Program settings that include programs that work with school age students, including trainings for educators."
3. All other provisions of this agreement shall remain in full force and effect as originally set forth; and
4. This amendment shall commence upon Governor and Council approval and shall terminate September 30, 2022.
5. This modification of an existing agreement is hereby incorporated by reference to the existing agreement by the parties and must be attached to the said agreement.

IN WITNESS WHEREOF, the parties, hereto have set their hands as of the day and year first above written.

THE STATE OF NEW HAMPSHIRE  
Department of Education  
(Agency)

Division of Commissioner's Office  
By: [Signature] 7.21.21  
Commissioner of Education Date

New Hampshire Community Behavioral Health Association  
Name of Corporation (Contractor)

By: [Signature] July 21, 2021  
Roland Lamy Date

STATE OF (N/A COVID 19)

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactory proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereto set my hand and official seal.

(N/A COVID 19) \_\_\_\_\_  
Notary Public/Justice of the Peace

Commission Expires \_\_\_\_\_

Approved as to form, substance and execution by the Attorney General this 24 day of Aug, 2021

[Signature]  
Christopher Bond, Attorney General Office

Approved by the Governor and Council this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_

**CERTIFICATE OF VOTE**  
(Corporation without a Seal)

I, Brian Collins do hereby certify that:  
(Name of the Clerk of the Corporation, cannot be signatory)

(1) I am the duly elected clerk of NH Community Behavioral Health Association  
(Corporation Name)

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on July 21, 2021  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That Roland P. Lamy Executive Director  
(Name of Contract Signatory) (Title of Contract Signatory)

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

(3) The foregoing resolution(s) have not been amended or revoked, and remain in full force and effect as of the 30th day of September, 2021.  
(day, month, yr) (must be same date as the contract date)

(4) Roland P. Lamy is the duly elected Executive Director of the corporation.  
(name of contract signatory) (title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this 21st day of July, 2021.



(Signature of Clerk of Corporation)

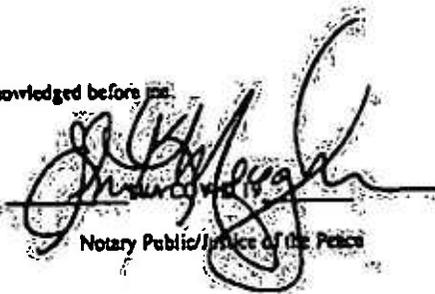
STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

On July 21, 2021, the foregoing instrument was acknowledged before me.

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

My commission expires on: **BRIN K. MEAGHER**  
Notary Public  
County of Merrimack  
State of New Hampshire  
My Commission Expires June 30, 2026

  
Notary Public/Judge of the Peace

**State of New Hampshire  
Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2003. 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: 437031

Certificate Number: 0004953720



IN TESTIMONY WHEREOF,

I have set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

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

William M. Gardner  
Secretary of State

Client#: 1485395

MENTAHEA29

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/09/2021

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.

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<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 603 674-0123	<b>CONTACT</b> NAME: [REDACTED] TEL. No. Ext: 603 674-0123 FAX No.: [REDACTED] ADDRESS: [REDACTED]													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Co.</td> <td>18058</td> </tr> <tr> <td>INSURER B: Granite State Healthcare &amp; Human Svcs WC</td> <td>NONAIC</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Philadelphia Indemnity Insurance Co.	18058	INSURER B: Granite State Healthcare & Human Svcs WC	NONAIC	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Philadelphia Indemnity Insurance Co.	18058													
INSURER B: Granite State Healthcare & Human Svcs WC	NONAIC													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Teleriveto Rd Derry, NH 03038														

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.

PREM. LTR.	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC OTHER:	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$250,000 MED EXP (Per person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIM-MADE GENL. AGGREGATE LIMIT \$10000	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER (PARTIAL/EXECUTIVE OFFICERS/EMERITUS EXCLUDED) (Excludes in NH) If non-employee employer DESCRIPTION OF OPERATIONS: [REDACTED]	[REDACTED]	[REDACTED]	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> PER EMPLOYEE <input type="checkbox"/> OTHER EL, EACH ACCIDENT \$1,000,000 EL, DISEASE - EA EMPLOYEE \$1,000,000 EL, DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liab	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	1,000,000 3,000,000

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

<b>CERTIFICATE HOLDER</b> DHHS Dept Health & Human Services 129 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b> 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 [Signature]
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/28/2021

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 COVERAGE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> FIA/Cross Insurance 1100 Elm Street  <b>Manufacturer</b> #01 03101	<b>INSURER</b> Mutual Surety, A.M.S./C.R.S. (800) 638-6718      (800) 843-6331 fiamail@crossinsurance.com in related/affiliated contracts      DATE 8/1/2020 <b>INSURER A:</b> Philadelphia Indemnity Ins Co <b>INSURER B:</b> Granite State Health Care and Human Services (SO) <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>
<b>INSURED</b> Behavioral Health & Developmental Services of Strafford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover      #01 03620	

COVERAGES      CERTIFICATE NUMBER: 20-21-001-02-INC      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 ANY PERIOD, 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.

TYPE OF LIABILITY	TYPE OF LIABILITY	DESCRIPTION	START DATE	END DATE	LIMITS		
<input checked="" type="checkbox"/> CONDUCTORS GENERAL LIABILITY <input type="checkbox"/> CLAIMS-ONLY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> POLICY <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Professional Liability			11/01/2020	11/01/2021	Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000 MEDICAL EXPENSE \$ 20,000 PERSONAL & ADV. BATTERY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - OTHER POL. \$ 1,000,000 Professional Liability \$ 1,000,000		
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OTHER AUTO ONLY <input checked="" type="checkbox"/> OTHER AUTO ONLY			11/01/2020	11/01/2021	AUTOMOBILE LIABILITY \$ 1,000,000 BODILY INJURY (PER PERSON) \$ - BODILY INJURY (PER ACCIDENT) \$ - PROPERTY DAMAGE (PER ACCIDENT) \$ -	
		<input checked="" type="checkbox"/> BIKERS LAW <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-ONLY			11/01/2020	11/01/2021	BIKER ACCIDENTS \$ 2,000,000 AGGREGATE \$ 2,000,000
			<input checked="" type="checkbox"/> RETENTION: \$10,000				\$
		<input checked="" type="checkbox"/> DIRECTORS AND OFFICERS LIABILITY ANY PROFESSIONAL SERVICE EXCLUDED (See Exclusions in Policy)	Y/N	N/A	02/01/2021	02/01/2022	<input checked="" type="checkbox"/> PER PERSON \$ 1,000,000 <input checked="" type="checkbox"/> PER OCCASION \$ 1,000,000 <input checked="" type="checkbox"/> PER CLAIM - POLICY LIMIT \$ 1,000,000
A			11/01/2020	11/01/2021	Limit of Insurance \$ 2,000,000		

DESCRIPTION OF OPERATIONS / FUNCTIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Refer to policy for exclusions, endorsements and special provisions.

<b>CERTIFICATE HOLDER</b>  Community Partners 113 Crosby Road Ste 1 Dover      #01 03620	<b>CANCELLATION</b> 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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Client: 1010330

NORTHUM

# ACORD. CERTIFICATE OF LIABILITY INSURANCE

Outstanding  
4/16/2021

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 DELIVERER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0123	<b>AGENT</b> Christine Stokan 603 874-0123 Christine.Stokan@usi.com
<b>INSURED</b> Northern Human Services, Inc. 67 Washington Street Conway, NH 03818-6044	<b>INSURANCE COMPANY</b> NH Employers Insurance Company 13083

**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 DESIGNATED. 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.

TYPE OF INSURANCE	EXPIRES	POLICY NUMBER	START DATE	END DATE	LIMITS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ POWER TO ADJUST PROVISIONS (See schedule) \$ MED EXP (per occ/yr) \$ PERSONAL & ADVISORY \$ OTHERS AGGREGATE \$ PRODUCTS - COMPOR ADD \$ OTHERS \$
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> OTHER AUTO ONLY <input type="checkbox"/> NON-SCHEDULED AUTO ONLY <input type="checkbox"/> UNDESIRABLE RISK <input type="checkbox"/> GOOD <input type="checkbox"/> EXCESS LIMIT <input type="checkbox"/> CLAIM-MADE					BODILY INJURY (Per occ/yr) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ LIABILITY DAMAGE (Exclusion) \$ EACH OCCURRENCE \$ AGGREGATE \$
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY (Excludes 9110) (M) (A)			08/30/2020	08/30/2021	(See schedule) SA. EACH ACCIDENT \$500,000 SA. OTHERS - EA EMPLOYEE \$500,000 SA. OTHERS - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks tab/delta, may be attached if more space is required)  
 Evidence of Insurance  
 Evidence of Insurance

<b>CERTIFICATE HOLDER</b> NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>See list</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/26/2021

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).

<b>PRODUCER</b> Hays Companies Inc. 133 Federal Street, 4th Floor  Boston MA 02110	<b>CONTACT</b> Name: Marlene Sousa Title: _____ Fax No. Ext: _____ Email: msousa@hayscompanies.com Address: _____  REVISION AFFORDING COVERAGE: _____ RANC #: _____ Insurance Company, Inc. 42376
<b>INSURED</b> West Central Behavioral Health 9 Hanover Street, Suite 2  Lebanon NH 03766	NUMBER 1: _____ NUMBER 2: _____ NUMBER 3: _____ NUMBER 4: _____ NUMBER 5: _____

**COVERAGES**      **CERTIFICATE NUMBER: 21-22 WC**      **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.

POLICY LINE	TYPE OF INSURANCE	ADOL. (Y/N)	ADULT (Y/N)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPI. DATE (MM/DD/YYYY)	LIMITS
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <input type="checkbox"/> AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER							EACH OCCURRENCE (DAMAGE TO RELATED PROPERTIES (IN EXCESS))
							MED EXP (Per Occurrence)
							PERSONAL & ADV INJURY
							GENERAL AGGREGATE
<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS							COMBINED SINGLE LIMIT (Per Accident)
							BODILY INJURY (Per Person)
							BODILY INJURY (Per Accident)
							PROPERTY DAMAGE (Per Accident)
<input type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> MED <input type="checkbox"/> ATTENTION							EACH OCCURRENCE
							AGGREGATE
<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N						<input checked="" type="checkbox"/> R <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> O <input type="checkbox"/> T <input type="checkbox"/> T <input type="checkbox"/> H <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> E
	N/A				6/1/2021	6/1/2022	EL. EACH ACCIDENT    \$ 500,000
	N/A						EL. DISEASE - EA EMPLOYEE    \$ 500,000 EL. DISEASE - POLICY LIMIT    \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 44, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance Coverage							

<b>CERTIFICATE HOLDER</b>  Evidence of Coverage	<b>CANCELLATION</b>  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 James Hays/GSCMIC <span style="float: right;">JMH</span>
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JUN 18 '21 AM 8:39 RCVD

Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3495  
FAX (603) 271-1953

June 3, 2021

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

**INFORMATIONAL ITEM**

Pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, 2021-08, and 2021-10, and suspend the Manual of Procedures 150, V., B., 1, requirement, Governor Sununu has authorized the Department of Education (DOE), to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 (GEER II), as follows:

	<u>FY21</u>
06-56-56-562010-19590000-102-500731 Contracts for Program Svcs	\$500,000

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
June 3, 2021

concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:

- a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
- b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
- c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
- d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire CMHC and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.

2. Summer Camp Functional Support Staffs.

- a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
- b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
- c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.

3. High Needs Campers.

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
June 3, 2021

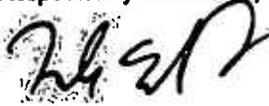
CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

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

Respectfully submitted,



Frank Edelblut  
Commissioner of Education

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Frank EdeQnd  
Commissioner

Christine Brennan  
Deputy Commissioner

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301  
TEL. (603) 271-3485  
FAX (603) 271-1853

May 26, 2021

His Excellency, Governor Christopher T. Sununu  
State House  
Concord, New Hampshire 03301

**REQUESTED ACTION**

Authorize the New Hampshire Department of Education (NH DOE) to enter into a sole source contract with New Hampshire Community Behavioral Health Association (CBHA), (Vendor Code #355870), Concord, NH, in an amount not to exceed \$500,000 to implement mental and behavioral health supports as part of the Rekindle Curiosity camp program, effective upon Governor approval through September 30, 2021.. 100% Federal Funds.

Funds to support this request are available in the account titled GEER II - CRRSA Act 2021 (GEER II), as follows:

06-56-56-562010-19590000-102-500731 Contracts for Program Svcs	<u>FY21</u> \$500,000
--	--------------------------

**EXPLANATION**

This request is sole source because CBHA is the organizing entity for the Community Mental Health Centers (CMHC) across the state. CBHA will coordinate with the CMHC to support Rekindle Curiosity camps to implement the NHDOE designated support services across the state.

As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the NHDOE will support opportunities for positive childhood experiences at New Hampshire-

His Excellency, Governor Christopher T. Sununu  
April 21, 2021

approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity: Every Kid Goes to Camp" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the CBHA to support the Program with the services specifically enumerated below.

1. Training: CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:

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- b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
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**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOE to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.

His Excellency, Governor Christopher T. Sununu  
April 21, 2021

2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOE and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.

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

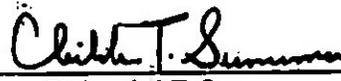
Respectfully submitted,



Frank Edelblut  
Commissioner of Education

I hereby approve this request pursuant to RSA 4:45, RSA 21-P:43, and Section 4 of Executive Order 2020-04 as extended by Executive Orders 2020-05 and 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, and 2020-16, 2020-17 and 2020-18, 2020-20, 2020-21, 2020-23, 2020-24, 2020-25, 2021-01, 2021-02, 2021-04, 2021-05, 2021-06, and 2021-08 and suspend the Manual of Procedures 150, V., B., 1., requirement.

6-2-21  
Date

  
Governor Christopher T. Sununu

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

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

**AGREEMENT**

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

**GENERAL PROVISIONS**

**I. IDENTIFICATION.**

1.1 State Agency Name Department of Education		1.2 State Agency Address 101 Pleasant Street, Concord, NH 03301	
1.3 Contractor Name NH Community Behavioral Health		1.4 Contractor Address 1 Pillsbury St Ste 200, Concord, NH 03301	
1.5 Contractor Phone Number 603-225-6633	1.6 Account Number See Exhibit C	1.7 Completion Date September 30, 2021	1.8 Price Limitation \$500,000
1.9 Contracting Officer for State Agency Katie Murphy		1.10 State Agency Telephone Number 603-271-3838	
1.11 Contractor Signature <i>Roland P. Lamy</i> Date: 05/03/21		1.12 Name and Title of Contractor Signatory Roland Lamy, Executive Director	
1.13 State Agency Signature <i>Frank Edelblut</i> Date: 6-2-21		1.14 Name and Title of State Agency Signatory Frank Edelblut, Commissioner of Education	
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: <i>Christopher Bond</i> Christopher Bond, Attorney On: 6/1/21			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

**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.A.

**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.

## 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 this 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, formulas, 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, 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 amendments 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 supercedes all prior agreements and understandings with respect to the subject matter hereof.

**EXHIBIT A**  
**Special Provisions**

**Additional Exhibits D-G**

**Federal Certification 2 CFR 200.415**

Required certifications include: (a) To assure that expenditures are proper and in accordance with the terms and conditions of the Federal award and approved project budgets, the annual and final fiscal reports or vouchers requesting payment under the agreements must include a certification, signed by an official who is authorized to legally bind the non-Federal entity, which reads as follows:

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

**Amendment to Paragraph 12.2**

Contractor is hereby authorized to assign its obligations under this contract to any of the following entities, provided that contractor shall present evidence to the Department that said entity has obtained insurance consistent with the requirements of paragraph 14 of this agreement before such obligations are assigned:

Center for Life Management  
10 Talcott Road  
Derry, NH 03038

Monadnock Family Services  
64 Main Street, Suite 301  
Keene, NH 03431

Community Partners  
113 Crosby Road, Suite 1  
Dover, NH 03820

Northern Human Services  
87 Washington Street  
Conway, NH 03818

Contractor Initials *ADL*  
Date *8/2/21*

Greater Nashua Mental Health  
7 Prospect Street  
Nashua, NH 03060  
Riverbend Community Mental Health, Inc.  
278 Pleasant Street, PO Box 2032  
Concord, NH 03302

Lakes Region Mental Health Center, Inc.  
40 Beacon Street East  
Leonia, NH 03246

Seacoast Mental Health Center, Inc.  
1145 Seabrook Avenue  
Portsmouth, NH 03801

Mental Health Center of Greater Manchester  
401 Cypress Street  
Manchester, NH 03103

West Central Behavioral Health  
9 Hanover Street, Suite 2  
Lebanon, NH 03766

**Amendment to paragraph 14**

The insurance requirements of paragraph 14 of this agreement are waived as to contractor, provided that contractor provides evidence of insurance consistent with the requirements of paragraph 14 for any of the entities listed in this Exhibit A who provide services pursuant to this agreement.

Contractor Initials *APC*  
Date *5/7/01*

**EXHIBIT B**  
**Scope of Services**

**Objective:** As a result of school closures and the need to implement remote and hybrid instructional models across the state, as well as the broader community disruption from the pandemic, there are growing concerns around the mental and behavioral health of New Hampshire students. For many children, especially those from low-income background or with disabilities, accessing summer enrichment opportunities supporting social, emotional, and mental health is more important than ever.

In response to the COVID-19 pandemic's impact on student social, emotional, and mental health, the New Hampshire Department of Education ("NHDOE") will support opportunities for positive childhood experiences at New Hampshire-approved overnight and day youth recreation camps. This program is called "ReKINDling Curiosity" or the "Program."

**Services:**

In support of the above described student Program, the NHDOE will work with the New Hampshire Community Behavioral Health Association ("CBHA" or "Contractor") to support the Program with the services specifically enumerated below.

1. Trainer CBHA will implement the DOE determined mental health training program (the "Training Program") for Program counselors as follows:
  - a. Senior Camp Counselor mental health training: CBHA will offer a 2 to 4 hour program to camp staff over the age of 18.
  - b. Junior Camp Counselor mental health training: CBHA will offer 1 to 2 hours of mental health training focused on camp counselors ages 14 to 18.
  - c. All trainings will be offered via Zoom or other virtual platforms, unless an in-person option can provide safety for all participants and follow CDC guidance.
  - d. Both the Senior and Junior Camp Counselor mental health trainings will include an overview of the New Hampshire Community Mental Health Centers ("CMHC") and focused instructions for accessing emergency services in instances where referrals for youths experiencing an acute mental health crisis are made to local CMHC Emergency Services.
2. Summer Camp Functional Support Staff:
  - a. CBHA will work with CMHCs to identify bachelor level staff who can be on the ground at Program camps to work in both camper-facing and staff-facing environments.
  - b. Each CMHC will delegate staff, based on availability, who can devote at least one day per week to be present at Program camps ("CMHC Staffers"). This would provide Program camps the ability to cover Program camps with a once per week "day at camp" for programs that have that level of need.
  - c. The number of Workforce Staffers will be subject to workforce availability, but CBHA will work with the NHDOE to establish a work plan to ensure that available resources are targeted and as locally as possible.
3. High Needs Campers:

CBHA will work with the NHDOE and the CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. CBHA will develop methods to identify and refer children in need of such supports ("Identification Methods"), which will be included in the Training Program. Additional supports may include by

Contractor Initials: **RPL**  
Date: **05/03/21**

**EXHIBIT B**  
**Continued**

example, without limitation, working directly with Special Education staff to provide a coordinated effort and allowing youths to access CMHC supports for a successful camp experience. Any such services will be coordinated with Program campers' parent or guardian, as required by law and standards of professional practice.

**Other Program Elements:**

1. CBHA will act as the program administrator and will work with NHDOS to fully develop the system outlined above. A work plan will be created which coordinates both the Training Program and on-site personnel and services.
2. CBHA will require that staff be employees of the CMHCs: certifications, credentialing and background checks will be managed by the CMHCs.
3. The Training Program will be conducted by certified Mental Health First Aid Instructors where feasible.
4. Training syllabus and content will be based on existing trainings, but programs will be tailored to ReKINDling Curiosity. Details of the trainings will be provided to the NHDOS and the participating camps in advance of the Program's start.
5. CBHA will engage CMHC staff with the Program camps for services rather than engaging them with campers. This approach will ensure that CMHCs do not have to open a case for each child.
6. When appropriate, the CMHC staff will make both Emergency Services and CMHC referrals for Program campers who need higher levels of care in coordination with camp staff and legal guardians. Those youths would have open cases if they chose to pursue services with the CMHC.

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**EXHIBIT C**  
Method of Payment

**Program Fees**

**Training:**

Unit price: \$150 per hour Assumes a maximum of 20 students per training.	
15 Senior Level counselor trainings @ 4 hours: 60 hours	\$9,000
15 Junior Level counselor trainings @ 2 hours: 30 hours	\$4,500
Travel: .56 per mile	\$5,821
Materials: \$20 per counselor @ 600	\$12,000
Adapt existing trainings: \$1,200 per center @ 10	\$12,000
<b>Total</b>	<b>\$43,321</b>

**Functional Support Staff:**

\$866 per day, plus travel 10 staff per center x 10 centers = 100 staff 10 staff x 50 staff days per week @ \$866 x 8 weeks	\$346,400
Travel 20,000 miles @ .56 per mile	\$11,200
<b>Total</b>	<b>\$357,600</b>

**High Needs Campers:**

While it is most likely that these campers will become, or are already, clients of their local CMHCs, most of the costs will be covered by Medicaid or the camper's family's commercial provider. For those costs not otherwise covered, the fee schedule will be as follows:

Consultation at \$125 per hour Estimated number of campers: 100 @ 2 hours per consultation	
Travel 2,500 miles @ .56	\$1,400
Uninsured camper reimbursement	\$50,000
<b>Total</b>	<b>\$51,400</b>

RPL  
Contract # 05/03/21  
Date 05/03/21

**EXHIBIT C**  
**Continued**

**Marketing:**

CBHA will undertake a 2-phase marketing and communications plan in support of the Summer Camps Supports Program.

- Phase I:
  - Audience: Primarily summer camp directors/leadership
  - News Release announcing the CMHC role in the Summer Camps Supports Program
  - Kick Off News release
  - Local CMHC letter to summer camps' mental health supports
  - Updates to CBHA Web site to offer information and navigation for the Summer Camps Supports Program
  - Coordination of Summer Camps Supports Program web site messaging and separate pages informed by the DOE's communications
  - Kickoff news release
  - CBHA will be available to react to news media inquiries about the program and will coordinate with DOE
  - End of summer news release
  
- Phase II: If the uptake in camp participation is low, a second phase outreach program from CBHA will be undertaken:
  - Local CMHC outreach to regional summer camps
  - Validation messaging form participating camps to those not yet enrolled
  - Web site updates
  
- \$140 per hour:
  - Phase 1 30 hours: \$4,200
  - Phase 2 15 hours: \$2,100
  
- Materials: \$2,500
  
- TOTAL \$8,600

**Administration:**

7.5%: \$38,879.00

1. Sub-contracting with CMHCs
  - a. Develop and implement training and staffing agreements
  - b. Develop and implement scheduling of training programs
    - i. Craft camp counselor participation certification reporting process to DOE
2. Training Schedules
  - a. Hosted by local CMHC
  - b. Outreach and counselor registration
3. Functional Supports Staffing
  - a. Develop and implement system for participating camps to connect with local CMHC
    - i. Basic Agreement
  - b. Develop and implement staff assignment and scheduling to local summer camps
  - c. Develop and implement time reporting and billing method.
    - i. CMHC invoicing to CBHA
    - ii. CBHA invoicing to DOE

Contractor: RPL  
Date: 05/03/21

**EXHIBIT C**  
**Continued**

4. Reporting:  
a. End of summer program report from CBHA detailing numbers served and a narrative of the benefits, lessons learned and recommendations for future efforts.

**Subtotals:**

Training	\$43,321
Staff	\$357,600
High needs	\$51,400
Marketing	\$8,800
Administration	\$38,879
<b>TOTAL</b>	<b>\$500,000</b>

**Billing Schedule:** Fees for this program will be invoiced by the CBHA monthly to the NHDOE. Payment will be net 30 days.

**Limitation on Price:** Upon mutual agreement between the state contracting officer and the contractor, line items in this budget may be adjusted one to another, but in no case shall the total budget exceed the price limitation of \$500,000.

**Source of Funding:** Funds to support this request are available in the account titled GEER U - CRUSA Act 2021 in FY 21 as follows:

06-56-56-562010-19590000-102-50073 | Contract for Program Services **FY21**  
**\$500,000**

Payment will be subject to funds availability. In the event that funds are not available, NH DOE shall immediately notify CBHA. Invoices and reports shall be submitted to:

Katie Murphy  
Division of Learner Support  
NH DOE  
101 Pineson Street  
Concord, NH 03301  
Susan.K.Murphy@doe.nh.gov

Contractor Invoice RPL  
Date 05/03/21

**EXHIBIT D**

**Contractor Obligations**

Contracts in excess of the simplified acquisition threshold (currently set at \$250,000) must address administrative, contractual, or legal remedies in instances where the contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate. Reference: 2 C.F.R. § 200.326 and 2 C.F.R. 200, Appendix II, required contract clauses.

The contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the contractor's actions pertaining to this contract.

The Contractor certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq. apply to this certification and disclosure, if any.

**Breach**

A breach of the contract clauses above may be grounds for termination of the contract, and for debarment as a contractor and subcontractor as provided in 29 C.F.R. § 5.12.

**Fraud and False Statements**

The Contractor understands that, if the project which is the subject of this Contract is financed in whole or in part by federal funds, that if the undersigned, the company that the Contractor represents, or any employee or agent thereof, knowingly makes any false statement, representation, report or claim as to the character, quality, quantity, or cost of material used or to be used, or quantity or quality work performed or to be performed, or makes any false statement or representation of a material fact in any statement, certificate, or report, the Contractor and any company that the Contractor represents may be subject to prosecution under the provision of 18 USC § 1001 and § 1020.

**Environmental Protection**

(This clause is applicable if this Contract exceeds \$150,000. It applies to Federal-aid contracts only.)

The Contractor is required to comply with all applicable standards, orders or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) regulations (40 CFR Part 15) which prohibit the use under non-exempt Federal contracts, grants or loans of facilities included on the EPA List of Violating Facilities. Violations shall be reported to the FHWA and to the U.S. EPA Assistant Administrator for Enforcement.

**Procurement of Recovered Materials**

In accordance with Section 6002 of the Solid Waste Disposal Act (42 U.S.C. § 6962), State agencies and agencies of a political subdivision of a state that are using appropriated Federal funds for procurement must procure items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds \$10,000 or the value of the quantity acquired in the preceding fiscal year exceeded \$10,000; must procure solid waste management services in a manner that maximizes energy and resource recovery; and must have established an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

Contractor initials: RPL  
06/05/03/21

**Exhibit E**

**Federal Debarment and Suspension**

- a. By signature on this Contract, the Contractor certifies its compliance, and the compliance of its Sub-Contractors, present or future, by stating that any person associated therewith in the capacity of owner, partner, director, officer, principal investor, project director, manager, auditor, or any position of authority involving federal funds:
1. Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal Agency;
  2. Does not have a proposed debarment pending;
  3. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal Agency within the past three (3) years; and
  4. Has not been indicted, convicted, or had a civil judgment rendered against the firm by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past three (3) years.
- b. Where the Contractor or its Sub-Contractor is unable to certify to the statement in Section a.1. above, the Contractor or its Sub-Contractor shall be declared ineligible to enter into Contract or participate in the project.
- c. Where the Contractor or Sub-Contractor is unable to certify to any of the statements as listed in Sections a.2., a.3., or a.4., above, the Contractor or its Sub-Contractor shall submit a written explanation to the DOE. The certification or explanation shall be considered in connection with the DOE's determination whether to enter into Contract.
- d. The Contractor shall provide immediate written notice to the DOE if, at any time, the Contractor or its Sub-Contractor, learn that its Debarment and Suspension certification has become erroneous by reason of changed circumstances.

Contractor Initials RPL  
Date 08/03/21

**Exhibit F**

**Anti-Lobbying**

The Contractor 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, execute the following Certification:

The Contractor certifies, by signing and submitting this contract, to the best of his/her knowledge and belief, that:

- a. No federal appropriated funds have been paid or shall be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence any officer or employee of any State or Federal 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, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than federally appropriated funds have been paid or shall be paid to any person for influencing or attempting to influence an officer or employee of any Federal Agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the "Disclosure of Lobbying Activities" form in accordance with its instructions (<http://www.whitehouse.gov/omb/grants/dfin.pdf>).
- c. 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 and entering into this transaction imposed by Section 1352, Title 31 and 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.
- d. The Contractor also agrees, by signing this contract that it shall require that the language of this certification be included in subcontracts with all Sub-Contractor(s) and lower-tier Sub-Contractors which exceed \$100,000 and that all such Sub-Contractors and lower-tier Sub-Contractors shall certify and disclose accordingly.
- e. The DOE shall keep the firm's certification on file as part of its original contract. The Contractor shall keep individual certifications from all Sub-Contractors and lower-tier Sub-Contractors on file. Certification shall be retained for three (3) years following completion and acceptance of any given project.

Contractor Initials **RPL**  
Date **11/20/21**

## Exhibit G

### Rights to Inventions Made Under a Contract, Copy Rights and Confidentiality

#### Rights to Inventions Made Under a Contract or Agreement

Contracts or agreements for the performance of experimental, developmental, or research work shall provide for the rights of the Federal Government and the recipient in any resulting invention in accordance with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the DOE.

Any discovery or invention that arises during the course of the contract shall be reported to the DOE. The Contractor is required to disclose inventions promptly to the contracting officer (within 2 months) after the inventor discloses it in writing to contractor personnel responsible for patent matters. The awarding agency shall determine how rights in the invention/discovery shall be allocated consistent with "Government Patent Policy" and Title 37 C.F.R. § 401.

#### Confidentiality

All written and oral information and materials disclosed or provided by the DOE under this agreement constitutes Confidential Information, regardless of whether such information was provided before or after the date of this agreement or how it was provided.

The Contractor and representatives thereof, acknowledge that by making use of, acquiring or adding to information about matters and data related to this agreement, which are confidential to the DOE and its partners, must remain the exclusive property of the DOE.

Confidential information means all data and information related to the business and operation of the DOE, including but not limited to all school and student data contained in NH Title XV, Education, Chapter 184:00.

Confidential information includes but is not limited to, student and school district data, revenue and cost information, the source code for computer software and hardware products owned in part or in whole by the DOE, financial information, partner information (including the identity of DOE partners), Contractor and supplier information, (including the identity of DOE Contractors and suppliers), and any information that has been marked "confidential" or "proprietary", or with the like designation. During the term of this contract the Contractor agrees to abide by such rules as may be adopted from time to time by the DOE to maintain the security of all confidential information. The Contractor further agrees that it will always regard and preserve as confidential information/data received during the performance of this contract. The Contractor will not use, copy, make notes, or use excerpts of any confidential information, nor will it give, disclose, provide access to, or otherwise make available any confidential information to any person not employed or contracted by the DOE or subcontracted with the Contractor.

#### Ownership of Intellectual Property

The DOE shall retain ownership of all source data and other intellectual property of the DOE provided to the Contractor in order to complete the services of this agreement. As well the DOE will retain copyright ownership for any and all materials, patents and intellectual property produced, including, but not limited to, brochures, resource directories, protocols, guidelines, posters, or reports. The Contractor shall not reproduce any materials for purposes other than use for the terms under the contract without prior written approval from the DOE.

Contractor No. RPL  
Date 05/03/21

**State of New Hampshire**  
**Department of State**

**CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that **NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION** is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 24, 2000. I further certify that all fees and documents required by the Secretary of State's office have been received and it is in good standing as far as this office is concerned.

Business ID: 437031

Certificate Number: 0004958720



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 14th day of July A.D. 2020.

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

William M. Gardner  
Secretary of State

**CERTIFICATE OF VOTE**  
(Corporation without a Seal)

Briton Cullins, do hereby certify that: \_\_\_\_\_  
(Name of the Clerk of the Corporation, cannot be signatory)

(1) I am the duly elected clerk of \_\_\_\_\_  
(Corporation Name)

(2) The following are true copies of the resolutions duly adopted at a meeting of the Board of Directors of the Corporation duly held on \_\_\_\_\_  
(date)

RESOLVED: That this Corporation enter into a contract with the State of New Hampshire, acting through its Department of Education.

RESOLVED: That \_\_\_\_\_  
(Name of Contract Signatory)  
Executive Director  
is hereby authorized on behalf of this Agency to enter into the said contract with the State and to execute and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as herein may deem necessary, desirable or appropriate.

(3) The foregoing resolutions have not been amended or revised, and remain in full force and effect as of the \_\_\_\_\_  
day of \_\_\_\_\_, 2021.  
(day, month, yr) (must be same date as the contract date)

(4) \_\_\_\_\_  
Roland P. Lamy is the duly elected \_\_\_\_\_  
(Judge of Probate-Clerk) \_\_\_\_\_  
Executive Director of the corporation.  
(Title of contract signatory)

IN WITNESS WHEREOF, I have hereunto set my hand as the Business Representative of the Corporation this \_\_\_\_\_  
day of \_\_\_\_\_, 2021.

*R. Lamy*

\_\_\_\_\_  
(Signature of Clerk of Corporation)

STATE OF NEW HAMPSHIRE  
COUNTY OF Merrimack

On \_\_\_\_\_, 2021, the foregoing instrument was acknowledged before me.

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

*[Signature]*

**ERIN K. MEAGHER**  
Notary Public, State of New Hampshire  
My Commission Expires May 18, 2021

My commission expires on:

Client: 1485395

WENTANEAS

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED: 02/4/2021

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 COVERAGES AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF LIABILITY DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

<b>INSURED</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 200 Bedford, NH 03110 603 874-0123	<b>AGENT</b> 603 874-0123 [Signature]
<b>PRODUCER</b> The Mental Health Center for Southern NH OBA CLM Center for Life Management 10 Talsano Rd Derry, NH 03038	<b>PRODUCER APPROVED COVERAGES</b> REFERENCE A: Philadelphia Indemnity Insurance Co. (1000) REFERENCE B: Granite State MacKays & Munch One WC (NONAC) REFERENCE C: REFERENCE D: REFERENCE E: REFERENCE 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.

TYPE OF INSURANCE	INSURED	PRODUCT NUMBER	ISSUE DATE	EXPIRES	COVERAGE	LIMITS
<b>A</b> <input checked="" type="checkbox"/> <b>GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIED PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACCY <input type="checkbox"/> LOC	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE: \$1,000,000 PRODUCTS - COMPOUND AND AGG: \$3,000,000 PERSONAL & ADV PLANS: \$1,000,000 GENL AGGREGATE: \$3,000,000	
<b>A</b> <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION</b> <input checked="" type="checkbox"/> AWC AWARD <input type="checkbox"/> SCHEDULED AWC <input checked="" type="checkbox"/> AWC ONLY <input checked="" type="checkbox"/> SCHEDULED AWC <input checked="" type="checkbox"/> AWC ONLY <input checked="" type="checkbox"/> SCHEDULED AWC	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	EMPLOYER'S LIABILITY: \$1,000,000 EMPLOYEE'S LIABILITY: \$1,000,000 PROPERTY DAMAGE: \$1,000,000	
<b>A</b> <input checked="" type="checkbox"/> <b>UMBRELLA LMB</b> <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> CLAIMS-MADE PER: <input checked="" type="checkbox"/> INDIVIDUAL \$1,000,000	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	EACH OCCURRENCE: \$1,000,000 AGGREGATE: \$3,000,000	
<b>B</b> <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS LIABILITY</b> <input checked="" type="checkbox"/> AWC AWARD <input type="checkbox"/> SCHEDULED AWC <input checked="" type="checkbox"/> AWC ONLY <input checked="" type="checkbox"/> SCHEDULED AWC <input checked="" type="checkbox"/> AWC ONLY <input checked="" type="checkbox"/> SCHEDULED AWC	[REDACTED]	[REDACTED]	10/01/2020	02/01/2021	ALL EMPLOYER'S LIABILITY: \$1,000,000 ALL EMPLOYEE'S LIABILITY: \$1,000,000 ALL EMPLOYER'S LIABILITY: \$1,000,000	
<b>A</b> <b>Professional Lib</b>	[REDACTED]	[REDACTED]	10/01/2020	10/01/2021	\$1,000,000 \$3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Include CPL, Aeriallift, Remote Control, may be attached if more space is required)  
Evidence of Insurance

<b>CERTIFICATE HOLDER</b> State of NH Dept. of Education 101 Pleasant St Concord, NH 03301	<b>CONCURRENCE</b> 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: [Signature]
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CU# 1010338

NORTHPLAS

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (DDMMYY)  
4/16/2021

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 AGENA, 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.

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

<b>PRODUCER</b> USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0123	<b>AGENT</b> Christine Stohm Phone No. 603 874-0123 Email: Christine.Stohm@usid.com
<b>INSURED</b> Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	<b>INTENDED APPROVED COVERAGE</b> INSURER A: Prudential Insurance Company 32204 INSURER B: INSURER C: INSURER D: INSURER E:

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.

NO.	TYPE OF COVERAGE	START DATE	END DATE	PERIODIC RENEWAL DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CHARGEMAKE <input checked="" type="checkbox"/> OCCUR GEN. AGREEMENT LIMIT APPLIED FOR: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. ACCT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER		03/31/2021	03/31/2022	Each Occurrence \$1,000,000 Annual Aggregate \$1,000,000 MED EXP (Per Occurrence) \$5,000 PERSONAL & ADV BLDG \$1,000,000 OTHER AGREEMENTS \$3,000,000 PRODUCTS-COMMERCIAL \$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> AUTO ONLY <input type="checkbox"/> SCHEDULED AUTO <input type="checkbox"/> SCHEDULED AUTO ONLY		03/31/2021	03/31/2022	BODILY INJURY (Per Person) \$1,000,000 BODILY INJURY (Per Accident) \$1,000,000 PROPERTY DAMAGE (Per Occurrence) \$
A	<input checked="" type="checkbox"/> WATERBORN LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$10,000		03/31/2021	03/31/2022	Each Occurrence \$10,000,000 Aggregate \$10,000,000
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER (Including Contractual Employees) (Excludes Inland Marine) (Excludes Non-Employee Contractors)				\$1,000,000/2,000,000 \$1,000,000/2,000,000 \$100,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 107, additional vehicles, locations, may be attached if more space is required)**  
 Allied Health staff e here in the limits of the Entity.  
 Physicians have their own separate \$100,000 limits of insurance, and do not share in the entity limits of insurance.

**Evidence of Insurance**

<b>CERTIFICATE HOLDER</b> NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Jan. May</i>
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Client: 130684

RYERC0813

# ACORD CERTIFICATE OF LIABILITY INSURANCE

Date Issued: 6/18/2021

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

<b>PRODUCER</b> USI Insurance Services LLC 8 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0133	<b>INSURER</b> USI Insurance Services LLC 8 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0133	<b>AGENT</b> USI Insurance Services LLC 8 Executive Park Drive, Suite 300 Bedford, NH 03110 603 874-0133
<b>INSURED</b> Riverbend Community Mental Health Inc. 278 Pleasant Street Concord, NH 03301	<b>INSURER A:</b> Philadelphia Indemnity Insurance Co. <b>INSURER B:</b> Grants State Healthcare & Mutual Ins WIC <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>	<b>CLASS #</b> 10000 <b>NONAC</b>

## 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. WITHIN THE SCOPE OF 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 CANNOT BE EXCEEDED BY PAID CLAIMS.

CLASSIFICATION	TYPE OF INSURANCE	INSURER	START DATE	EXPIRATION DATE	COVERAGE	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE GEO. AGGREGATE LIMIT APPLIES PER POLICY POLICY: <input type="checkbox"/> AUTO <input checked="" type="checkbox"/> LEO MISX	[REDACTED]	10/01/2020	10/01/2021	Each Occurrence Annual Aggregate MED. EXP. PER ACCIDENT PERSONAL & ADV. INJURY GENERAL AGGREGATE PRODUCTS-COMPLAINT \$1,000,000 \$100,000 \$5,000 \$1,000,000 \$2,000,000 \$2,000,000	
A	AUTOMOBILE LIABILITY ANY AUTO MED. EXP. ONLY AUTO ONLY NON-OWNED NON-RESIDENT AUTOMOBILE ONLY	[REDACTED]	10/01/2020	10/01/2021	Each Occurrence Annual Aggregate MED. EXP. PER ACCIDENT PROPERTY DAMAGE \$1,000,000 \$1,000,000 \$5,000 \$5,000 \$5,000	
A	UMBRELLA LIAB. EXCESS LIAB. GEO. AGGREGATE LIMIT APPLIES PER POLICY	[REDACTED]	06/01/2020	10/01/2021	Each Occurrence Annual Aggregate \$10,000,000 \$10,000,000	
B	EMPLOYEE COMPENSATION AND EMPLOYER LIABILITY EMPLOYEE COMPENSATION AND EMPLOYER LIABILITY EMPLOYEE COMPENSATION AND EMPLOYER LIABILITY EMPLOYEE COMPENSATION AND EMPLOYER LIABILITY EMPLOYEE COMPENSATION AND EMPLOYER LIABILITY	[REDACTED]	02/01/2021 02/01/2021	02/01/2022 02/01/2022	Each Occurrence Annual Aggregate MED. EXP. PER ACCIDENT \$1,000,000 \$1,000,000 \$1,000,000	
A	Professional Liability	[REDACTED]	10/01/2020	10/01/2021	\$1,000,000 Per Incident \$3,000,000 Aggregate	

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

<b>CERTIFICATE HOLDER</b> NH DOC 101 Pleasant Street Concord, NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE REISSUED  
03/24/2021

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 ORGANIZATION, 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 ENDORSEMENT IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A state shall not issue a certificate that does not confer rights in the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Ceres Insurance License 123 Coast Street	<b>AGENT</b> Sarah Cohen, AINS, ACER (603) 634-9425	<b>INSURANCE COMPANY</b> ACE Property & Casualty Ins Co
<b>LICENSE</b> NH 03348	<b>INSURANCE COMPANY</b> New Hampshire Employers Ins Co	<b>INSURANCE COMPANY</b> ACE Property & Casualty Ins Co
<b>INSURED</b> The Lakes Region Mental Health Center, Inc. 40 Ocean Coast Court Lacrosse NH 03348	<b>INSURANCE COMPANY</b> ACE Property & Casualty Ins Co	<b>INSURANCE COMPANY</b> ACE Property & Casualty Ins Co

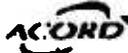
**COVERAGES**      **CERTIFICATE NUMBER:** CL1214028      **REVISION NUMBER:**

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.

TYPE OF INSURANCE	INSURANCE PERIOD	POLICY NUMBER	START DATE	EXPIRES DATE	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> RETAIL/ADVERTISING CERTAIN TYPES AUTO <input type="checkbox"/> POLICY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			08/08/2020	08/08/2021	AUTO LIABILITY: 1,000,000 PRODUCTS/COMMODITIES: 250,000 MED EXP (per occ/ann): 25,000 POLLUTORS AUTO POLICY: 1,000,000 RETAIL/ADVERTISING: 1,000,000 PRODUCTS-COMMODITIES: 1,000,000
<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			08/08/2020	08/08/2021	AUTO LIABILITY: 1,000,000 BODILY INJURY (per person): 0 BODILY INJURY (per accident): 0 MEDICAL EXPENSE: 1,000
<input checked="" type="checkbox"/> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			08/08/2020	08/08/2021	UMBRELLA: 4,000,000 EXCESS: 4,000,000
<input checked="" type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' LIABILITY <input type="checkbox"/> EMPLOYERS' LIABILITY			08/08/2020	08/08/2021	EMPLOYERS' LIABILITY: 1,000,000 EMPLOYERS' LIABILITY: 1,000,000 EMPLOYERS' LIABILITY: 1,000,000 EMPLOYERS' LIABILITY: 1,000,000
<input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> PROFESSIONAL LIABILITY			08/08/2020	08/08/2021	PROFESSIONAL LIABILITY: 5,000,000 Aggregate Limit: \$7,000,000

EXCEPTION OF OPERATORS OF BUSINESS VEHICLES (ACORD 10), Additional Remarks Below, may be obtained if more space is required.

<b>CERTIFICATE HOLDER</b> Department of Education 101 Pleasant Street Concord NH 03301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Sarah Cohen</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/26/2021

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 the event of such endorsement(s).

<b>PRODUCER</b> Fred C Church Insurance 41 Webber Street Lowell MA 01851	<b>AGENT</b> Name: [REDACTED] Tel: 978-454-1683 Fax: 978-454-1683 Email: [REDACTED]
<b>INSURED</b> Seacoast Mental Health Center Inc 1145 Sagamore Avenue Portsmouth NH 03801	<b>INSURANCE PROVIDER(S)</b> INSURANCE #1: Philadelphia Indemnity Insurance Company INSURANCE #2: Granite State HC & HS Trust

**COVERAGES**      **CERTIFICATE NUMBER: 03733900**      **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, PROVISIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

FORM NO.	TYPE OF INSURANCE	AMOUNT	POLICY NUMBER	START DATE	END DATE	LIMITS
1	COMMERCIAL GENERAL LIABILITY	\$20,000	[REDACTED]	7/1/2021	7/1/2022	1. AG - OCCASIONAL AND SOLELY INCIDENTAL \$1,000,000 2. AG - PRODUCTS AND COMPLETED OPERATIONS \$1,000,000 3. AG - PERSONNEL AND VOLUNTEERS \$500,000 4. AG - CONTRACTORS \$1,000,000 5. AG - POLLUTANTS \$2,000,000
2	AUTOMOBILE LIABILITY	[REDACTED]	[REDACTED]	7/1/2021	7/1/2022	1. AG - BODILY INJURY AND PROPERTY DAMAGE \$1,000,000 2. AG - AUTOMOBILE LIABILITY \$1,000,000
3	UMBRELLA LIME	[REDACTED]	[REDACTED]	7/1/2021	7/1/2022	1. AG - PERSONAL AND AUTOMOBILE LIABILITY \$5,000,000 2. AG - POLLUTANTS \$5,000,000
4	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	[REDACTED]	[REDACTED]	7/1/2021	7/1/2022	1. WORKERS COMPENSATION \$1,000,000 2. EMPLOYERS LIABILITY \$1,000,000 3. DISMEMBERMENT \$1,000,000
5	Professional Liability	[REDACTED]	[REDACTED]	7/1/2021	7/1/2022	1. PROFESSIONAL LIABILITY \$1,000,000 2. DEFENSE COSTS \$1,000,000

DESCRIPTION OF OTHER POLICIES (LOCAL, STATE, FEDERAL, ACCORD TO, ADDITIONAL INSURANCE, MAY BE OBTAINED IF MORE SPACE IS REQUIRED)

<b>CERTIFICATE HOLDER</b>  Seacoast Mental Health Center Inc 1145 Sagamore Avenue Portsmouth NH 03801-5503	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AS AUTHORIZED REPRESENTATIVE [Signature]
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# CERTIFICATE OF LIABILITY INSURANCE

DATE REISSUED  
11/02/20

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 to Dev of such endorsement(s).

<b>INSURER</b> Marsh USA, Inc. 99 HIGH STREET BOSTON, MA 02110 A01: 800-343-7343	<b>ISSUANCE DATE</b> 11/02/20
<b>PRODUCER</b> West Coast Services, Inc. 9 West Central Boulevard North 9th Floor, Suite 2 Lebanon, NH 03788	<b>REVISION NUMBER</b> 1
<b>CERTIFICATE NUMBER</b> 11012021	<b>REVISION NUMBER</b> 1

**COVERAGES**      **CERTIFICATE NUMBER:** 11012021      **REVISION NUMBER:** 1

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.

TYPE OF COVERAGE	INSURER	POLICY NO.	POLICY PERIOD	LIMITS
<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Other applicable limit applies for: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> RET. ACT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Marsh USA, Inc.	11012021	11/01/2021	EACH OCCURRENCE: \$ 1,000,000 AVAILABLE TO EACH OCCURRENCE: \$ 1,000,000 MED EXP (per occ/ann): \$ 1,000 PERSONAL & ADV BURNY: \$ 1,000,000 GEN'L AGGREGATE: \$ 1,000,000 PRODUCTS - COMP/OP AGG: \$ 1,000,000
<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> OTHER AUTOS ONLY <input type="checkbox"/> RENTED OTHER AUTOS ONLY	Marsh USA, Inc.	11012021	11/01/2021	BODILY INJURY (per auto): \$ 1,000,000 BODILY INJURY (per person): \$ 1,000,000 BODILY INJURY (per accident): \$ 1,000,000 PROPERTY DAMAGE (per auto): \$ 1,000,000 PROPERTY DAMAGE (per accident): \$ 1,000,000
<input checked="" type="checkbox"/> <b>UMBRELLA LIMS</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIMS <input checked="" type="checkbox"/> CLAIMS-MADE	Marsh USA, Inc.	11012021	11/01/2021	EACH OCCURRENCE: \$ 1,000,000 AGGREGATE: \$ 1,000,000
<input type="checkbox"/> <b>PERSONAL AND AUTO LIABILITY</b> <input type="checkbox"/> PERSONAL AND AUTO LIABILITY <input type="checkbox"/> PERSONAL AND AUTO LIABILITY <input type="checkbox"/> PERSONAL AND AUTO LIABILITY	Marsh USA, Inc.	11012021	11/01/2021	EACH OCCURRENCE: \$ 1,000,000 AGGREGATE: \$ 1,000,000
<input checked="" type="checkbox"/> <b>Professional Services</b> Liability - Other Lims	Marsh USA, Inc.	11012021	11/01/2021	Each Occ: \$ 1,000,000 Aggregate: \$ 1,000,000

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

<b>CERTIFICATE HOLDER</b> West Coast Services, Inc. 9 West Central Boulevard North 9th Floor, Suite 2 Lebanon, NH 03788	<b>CANCELLATION</b> 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 of Marsh USA, Inc. Margaret MacPherson
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