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Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

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

July 10, 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 $500,000.00 from $2,794,600.00 to $3,294,600.00 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), amended on August 17, 2022 (Item #67), amended on December 21, 2022 (Item #108), and amended on May 15, 2024 (Item #131). 100% Federal Funds.

Funds are available in the following accounts in Fiscal Year 2025 with the authority to adjust budget line items within the price limitation 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	$912,000.00	$0	$912,000.00
2025	102-500731	Contracts for Prog Serv	$395,600.00	$0	$395,600.00
		Total	$1,557,600.00	$0	$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

06-56-56-562010-50600000 System of Care 2020

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	$0	$0	$0
2024	102-500731	Contracts for Prog Serv	$0	$0	$0
2025	102-500731	Contracts for Prog Serv	$0	$500,000.00	$0
		Total	$0	$500,000.00	$500,000.00

	2021-22	2023	2024	2025	Total
Total	$356,563.39	$860,166.63	$1,182,269.98	$895,600.00	$3,294,600.00

EXPLANATION

This request is **sole source**. NH Community Behavioral Health Association (CBHA) is the only organizing entity for the Community Mental Health Centers (CMHC) in New Hampshire and has coordinated with the CMHCs to support Rekindle Curiosity camps to implement NHED-designated support services across the state since 2021. Through this amendment, CBHA will have the needed funds to offer the number of services comparable to previous summers.

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

CBHA will continue to implement NHED determined mental health training program (the "Training Program") for Program counselors and 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"). CBHA will work with NHED to establish a work plan to ensure that available resources are targeted and as local as possible.

CBHA will continue to work with NHED and CMHCs to offer higher levels of services to Program campers who need additional intensive supports in order to be successful at summer camp. 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.

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

CBHA will act as the program administrator and will continue to work with NHED to develop and implement a system of delivery to participating camps. 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), amended on December 21, 2022 (Item #108), and amended on May 15, 2024 (Item #131) hereby agree to modify same as follows:

1. Amend Section 1.8 Price Limitation by increasing the amount by $500,000 from $2,794,600 to $3,294,600.
2. Remove Exhibit C-3 and replace with Exhibit C-4.
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: _____ 7/16/2024
Frank Edelblut, Commissioner of Education Date

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

By: Roland P. Lamy 07/15/24
Roland P. Lamy, Executive Director Date

Approved as to form, substance and execution by the Attorney General this 16 day of July, 2024.

_____
Elizabeth Brown, Division of Attorney General Office

Approved by the Governor and Council this _____ day of _____, 20__

By: _____

EXHIBIT C - 4
Method of Payment

Program Fees

Description	Current Budget	Increase Amount	Revised Budget
Training, including 5% coordination of services fee	$317,754.03	$15,300.56	$333,054.59
Functional Support Staff Services, including 5% coordination of services fee	$1,912,111.57	$391,626.48	$2,303,738.05
High Needs Students, including 5% coordination of services fee	$338,542.06	$51,149.14	$389,691.20
Mileage Reimbursement, at prevailing reimbursement rate	$27,043.34	$4,173.82	$31,217.16
Marketing	$24,520.00	$0	$24,520.00
Administration	$174,629.00	$37,750.00	$212,379.00
Total	$2,794,600.00	$500,000.00	$3,294,600.00

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 $3,294,600.00

Source of Funding: Funds are available in the following accounts in Fiscal Year 2025 with the authority to adjust budget line items within the price limitation 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
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2025	102-500731	Contracts for Prog Serv	$395,600.00	$0	$395,600.00
		Total	$1,557,600.00	$0	$1,557,600.00

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
		Total	$737,000.00	$0	$737,000.00

Contractor Initials RPL
Date: 07/15/25

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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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

06-56-56-562010-50600000 System of Care 2020

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

	2021-22	2023	2024	2025	Total
Total	$356,563.39	$860,166.63	$1,182,269.98	$895,600.00	$3,294,600.00

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@doc.nh.gov

Contractor Initials RPL
Date: 07/15/24

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 July 12, 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 12th day of July, 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 12th day of July, 2024.

Margaret M. Pritchard
(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.

David M. Scanlan

Secretary of State

Business Information

Business Details

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		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	emeagher@helmsco.com	Phone #:	NONE
Notification Email:	emeagher@helmsco.com	Fiscal Year End Date:	NONE

Principal Purpose

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

Principals Information

Name/Title	Business Address
Jay Couture / President	Seacoast Mental Health Center1145 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

Registered Agent Information

Name:	Not Available
Registered Office Address:	Not Available
Registered Mailing Address:	Not Available

Trade Name Information

No Trade Name(s) associated to this business.

Trade Name Owned By

No Records to View.

Client#: 1485395 MENTAHEA29

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/19/2023

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

PRODUCER	CONTACT NAME: Nicki Renaud
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: nicki.renaud@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Mental Health Center for Southern NH DBA CLM Center for Life Management
10 Tsienneto 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $1,000,000 $20,000 $1,000,000 $3,000,000 $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			[redacted]	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	01/01/2024	01/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
A	Professional			[redacted]	10/01/2023	10/01/2024	$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

CERTIFICATE HOLDER

Department of Education
25 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

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PDNZP

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).

PRODUCER
Cross Insurance-Manchester
1100 Elm Street
Manchester NH 03101

CONTACT NAME: Michele Palmer
PHONE (A/C, No, Ext): (603) 669-3218 **FAX (A/C, No):** (603) 645-4331
E-MAIL ADDRESS: manch.certs@crossagency.com

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 :		

INSURED
Behavioral Health & Developmental Services of Strafford County Inc
DBA: Community Partners
113 Crosby Road, Ste 1
Dover NH 03820

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

CERTIFICATE HOLDER

Department of Education
25 Hall Street
Concord NH 03301

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER
Eaton & Berube Insurance Agency, LLC
11 Concord Street
Nashua NH 03064

CONTACT NAME: Kimberly H. Gutekunst, CIC
PHONE (A/C, No, Ext): 603-882-2766 **FAX (A/C, No):**
E-MAIL ADDRESS: kgx@eatonberube.com

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

INSURED COMCO3
The Community Council of Nashua NH, Inc
dba Greater Nashua Mental Health
100 West Pearl Street
Nashua NH 03060

COVERAGES **CERTIFICATE NUMBER:** 1345711104 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	11/12/2023	11/12/2024	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			[redacted]	11/12/2023	11/12/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	11/12/2023	11/12/2024	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			[redacted]	1/1/2024	1/1/2025	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability Claims Made Retro Date: 11/12/1986			[redacted]	11/12/2023	11/12/2024	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

The Department of Education
25 Hall Street
Concord NH 03301

CANCELLATION 30 days/10 days non-payment

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
Marc R Berube

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/09/2024

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

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

PRODUCER Cross Insurance-Laconia 155 Court Street Laconia NH 03246	**CONTACT NAME:** Sarah Cullen, AINS, ACSR **PHONE (A/C, No, Ext):** (603) 524-2425 **FAX (A/C, No):** (603) 524-3666 **E-MAIL ADDRESS:** sarah.cullen@crossagency.com
INSURED Lakes Region Mental Health Center, Inc. 40 Beacon Street East Laconia NH 03246	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A:** Ace American Insurance Company **INSURER B:** ACE Property & Casualty Ins Co **INSURER C:** New Hampshire Employers Ins Co — 13083 **INSURER D:** **INSURER E:** **INSURER F:**

COVERAGES **CERTIFICATE NUMBER:** CL2462578792 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			[redacted]	06/26/2024	06/26/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Employee Benefits Liab	$ 1,000,000 $ 250,000 $ 25,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			[redacted]	06/26/2024	06/26/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 2,000,000 $ $ $ $ 1,000
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			[redacted]	06/26/2024	06/26/2025	EACH OCCURRENCE AGGREGATE 	$ 4,000,000 $ 4,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	06/26/2024	06/26/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			[redacted]	06/26/2024	06/26/2025	Per Incident Aggregate	5,000,000 7,000,000

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

CERTIFICATE HOLDER

Department of Education
25 Hall Street
Concord NH 03302

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

Sarah Cullen

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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.

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

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

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

CERTIFICATE HOLDER

Department of Education
25 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

Julie Bernier

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/21/2024

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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PRODUCER CGI Insurance, Inc. 5 Dartmouth Drive Auburn NH 03032	CONTACT NAME: Teri Davis PHONE (A/C, No, Ext): (877) 562-8954 FAX (A/C, No): (866) 574-2443 E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3628	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Insurance INSURER B: Philadelphia Indemnity INSURER C: A.I.M. Mutual INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 24-25 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability $2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			[redacted]	04/01/2024	04/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Sexual/Physical Abuse or	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			[redacted]	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Hired/borrowed	$ 1,000,000 $ $ $ $ 1,000,000
B	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 10,000			[redacted]	04/01/2024	04/01/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/12/2023	09/12/2024	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Workers Comp 3A State: NH, MA, ME, RI & VT. Supplemental Names: Manchester Mental Health Foundations, Inc., Amoskeag Residences Inc., Skill Enrichment Series, Bedford Counseling Associates, The Cypress Center, The Life Enrichment Series, Family 411, Mindful Wellness, North End Counseling, One Plus Volunteers, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER

Department of Education
25 Hall 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

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Client#: 1010836 NORTHHUM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/03/2024

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	03/31/2024	03/31/2025	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			[redacted]	03/31/2024	03/31/2025	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	03/31/2024	03/31/2025	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Entity Prof Llab			[redacted]	03/31/2024	03/31/2025	$1,000,000/$3,000,000	
A	Phys Prof Llab			[redacted]	03/31/2024	03/31/2024	$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.

Mid-Level and 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.

(See Attached Descriptions)

CERTIFICATE HOLDER

New Hampshire Department of Education
25 Hall 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

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CASCA

Client#: 1010836 NORTHHUM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/03/2024

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PRODUCER	CONTACT NAME: Christine A Skehan
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: Christine.Skehan@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : NH Employers Insurance Company	13083
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/30/2023	09/30/2024	x PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$500,000
							E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000

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

CERTIFICATE HOLDER

New Hampshire Department of Education
25 Hall 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

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CASCA

Client#: 1364844 RIVERCOM12

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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PRODUCER	CONTACT NAME: Linda Jaeger, CIC
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: linda.jaeger@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC OTHER:			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			[redacted]	10/01/2023	10/01/2024	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ $10K			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE AGGREGATE $	$10,000,000 $10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			H [redacted]	01/01/2024	01/01/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $1,000,000 $1,000,000 $1,000,000
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)

CERTIFICATE HOLDER

Department of Education
25 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

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SNKZR

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

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

CERTIFICATE HOLDER

New Hampshire Department of Education
25 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/01/2024

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PRODUCER
MARSH USA, LLC.
99 HIGH STREET
BOSTON, MA 02110
Attn: Boston.certrequest@Marsh.com

CN102105463-gaup-23-24

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
West Central Services, Inc
dba West Central Behavioral Health
85 Mechanic St., Suite C2-1 Box A-10
Lebanon, NH 03766

COVERAGES **CERTIFICATE NUMBER:** NYC-011927404-01 **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.

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

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

CERTIFICATE HOLDER

Department of Education
25 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

Marsh USA LLC

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/08/2024

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PRODUCER	CONTACT NAME: Westin Greene	
The Richards Group 48 Harris Place PO Box 820 Brattleboro VT 05302	PHONE (A/C, No, Ext): (802) 254-6016	FAX (A/C, No): (802) 254-7110
	E-MAIL ADDRESS: wgreene@therichardsgrp.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Technology Insurance Company	42376
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
West Central Services Inc.
85 Mechanic Street, Suite C2-1
Lebanon NH 03766

COVERAGES **CERTIFICATE NUMBER:** WC 24-25 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	06/01/2024	06/01/2025	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

CERTIFICATE HOLDER

State of NH Department of Education
25 Hall St
Concord NH 03301

CANCELLATION

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AUTHORIZED REPRESENTATIVE

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NH Community Behavioral Health Association

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

AUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2023

INDEX TO FINANCIAL STATEMENTS

WWW.MASONRICH.COM
[illegible] Concord, New Hampshire 03301
P: 603.224.2000 F: 603.224.2613

MASON + RICH
Certified Public Accountants

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

ASSETS

	2023
CURRENT ASSETS	
Cash and Cash Equivalents	$ 342,596
Accounts Receivable	26,763
Grants Receivable	125,007
Total Current Assets	494,366
TOTAL ASSETS	$ 494,366

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
NH Department of Education Program Payable	$ 125,006
Total Current Liabilities	125,006
TOTAL LIABILITIES	125,006
NET ASSETS WITHOUT DONOR RESTRICTIONS	369,360
TOTAL LIABILITIES AND NET ASSETS	$ 494,366

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENT OF ACTIVITIES, FUNCTIONAL EXPENSES, AND
CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2023

	2023
SUPPORT AND REVENUE	
Program Services	
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
Total Program Services	529,262
Contributions and Other Revenue	
Grants	867,967
Total Contributions and Other Revenue	867,967
TOTAL SUPPORT, REVENUE, AND OTHER NET ASSETS WITHOUT DONOR RESTRICTIONS	1,397,229
FUNCTIONAL EXPENSES	
PROGRAM SERVICES	
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
Total Program Services	1,248,989
MANAGEMENT AND GENERAL	
Accounting	8,774
Insurance	1,912
Management Fees	68,301
Travel	99
Total Management and General	79,086
TOTAL FUNCTIONAL EXPENSES	$ 1,328,075

(Continued on next page)

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENT OF ACTIVITIES, FUNCTIONAL EXPENSES, AND
CHANGES IN NET ASSETS
FOR THE YEAR ENDED JUNE 30, 2023

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

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

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

	2023
CASH FLOWS FROM OPERATING ACTIVITIES	
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	(40,797)
Net Cash Provided by (Used in) Operating Activities	28,709
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	28,709
Cash and Cash Equivalents, Beginning of Year	313,887
Cash and Cash Equivalents, End of Year	$ 342,596

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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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.

(Continued on next page)

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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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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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:

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

(Continued on next page)

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.

(Continued on next page)

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:

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

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.

NH Community Behavioral Health Association

1 Pillsbury Street, Suite 200
Concord, NH 03301
603.225.6633
www.nhcbha.org

Executive Directors / Chief Executive Officers

Updated 01/09/24

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

ERIN K. MEAGHER

QUAUFICATIONS 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

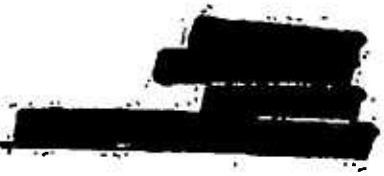
Self-Employed Interior Designer — *January 2001 – March 2004*

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



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.
[redacted]

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 dental 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
603.225.8633
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.

Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

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

131

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: Roland P. Lamy 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
Total	$2,354,000.00	$440,600.00	$2,794,600.00

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

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

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
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

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

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 17th 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 17th day of April, 2024.

Margaret M. Pritchard
(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.

David M. Scanlan

Secretary of State

Business Information

Business Details

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		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	emeagher@helmsco.com	Phone #:	NONE
Notification Email:	emeagher@helmsco.com	Fiscal Year End Date:	NONE

Principal Purpose

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

Principals Information

Name/Title	Business Address
Jay Couture / President	Seacoast Mental Health Center1145 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

Client#: 1485395 MENTAHEA29

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/19/2023

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

PRODUCER	CONTACT NAME: Nicki Renaud
USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: nicki.renaud@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
The Mental Health Center for Southern NH DBA CLM Center for Life Management
10 Tsienneto 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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$20,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
								$
A	AUTOMOBILE LIABILITY X ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS X HIRED AUTOS ONLY X 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	X UMBRELLA LIAB X OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED X RETENTION $10000			[redacted]	10/01/2023	10/01/2024	EACH OCCURRENCE	$5,000,000
							AGGREGATE	$5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	01/01/2024	01/01/2025	X PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional			[redacted]	10/01/2023	10/01/2024	$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

CERTIFICATE HOLDER

Department of Education
25 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

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PDNZP

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).

PRODUCER Cross Insurance-Manchester 1100 Elm Street Manchester NH 03101	CONTACT NAME: Michele Palmer PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: manch.certs@crossagency.com
INSURED Behavioral Health & Developmental Services of Strafford County Inc DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	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:

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

CERTIFICATE HOLDER

Department of Education
25 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

Michael Grenier

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CERTIFICATE OF LIABILITY INSURANCE

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

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).

PRODUCER
Eaton & Berube Insurance Agency, LLC
11 Concord Street
Nashua NH 03064

CONTACT NAME: Kimberly H. Gutekunst, CIC
PHONE (A/C, No, Ext): 603-882-2766 FAX (A/C, No):
E-MAIL ADDRESS: kgx@eatonberube.com

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

INSURED COMCO3
The Community Council of Nashua NH, Inc
dba Greater Nashua Mental Health
100 West Pearl Street
Nashua NH 03060

COVERAGES **CERTIFICATE NUMBER: 1345711104** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	11/12/2023	11/12/2024	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			[redacted]	11/12/2023	11/12/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	11/12/2023	11/12/2024	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		[redacted]	1/1/2024	1/1/2025	PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability Claims Made Retro Date: 11/12/1986			[redacted]	11/12/2023	11/12/2024	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

The Department of Education
25 Hall Street
Concord NH 03301

CANCELLATION 30 days/10 days non-payment

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
Marc R Berube

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/14/2023

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

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

PRODUCER
Cross Insurance-Laconia
155 Court Street
Laconia NH 03246

CONTACT NAME: Sarah Cullen, AINS, ACSR
PHONE (A/C, No, Ext): (603) 524-2425 **FAX (A/C, No):** (603) 524-3666
E-MAIL ADDRESS: sarah.cullen@crossagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ace American Insurance Company	
INSURER B: ACE Property & Casualty Ins Co	
INSURER C: New Hampshire Employers Ins Co	13083
INSURER D:	
INSURER E:	
INSURER F:	

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

COVERAGES **CERTIFICATE NUMBER:** CL2362338634 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			[redacted]	06/26/2023	06/26/2024	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 - COMP/OP AGG	$ 3,000,000
								$
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			[redacted]	06/26/2023	06/26/2024	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	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			[redacted]	06/26/2023	06/26/2024	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	06/26/2023	06/26/2024	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			[redacted]	06/26/2023	06/26/2024	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
NHED
25 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
Sarah Cullen

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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).

PRODUCER	CONTACT NAME: Laura MacDonald	
Brown & Brown of New Hampshire, Inc. 309 Daniel Webster Highway Merrimack NH 03054	PHONE (A/C, No, Ext): (603) 424-9901	FAX (A/C, No): (866) 848-1223
	E-MAIL ADDRESS: Laura.MacDonald@BBrown.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Philadelphia Indemnity Insurance Company	18058
INSURER B:	Technology Insurance Company, Inc.	42376
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Monadnock Family Services
64 Main Street
Suite 210
Keene NH 03431

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

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

CERTIFICATE HOLDER

Department of Education
25 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

Julie Bernier

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/21/2024

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

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

PRODUCER	CONTACT NAME: Teri Davis
CGI Insurance, Inc. 6 Dartmouth Drive Auburn NH 03032	PHONE (A/C, No, Ext): (877) 562-6954 FAX (A/C, No): (866) 574-2443 E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3628	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Philadelphia Insurance INSURER B: Philadelphia Indemnity INSURER C: A.I.M. Mutual INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 24-25 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] Professional Liability $2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			[redacted]	04/01/2024	04/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Sexual/Physical Abuse or	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			[redacted]	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Hired/borrowed	$ 1,000,000 $ $ $ $ 1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB CLAIMS-MADE DED [X] RETENTION $ 10,000			[redacted]	04/01/2024	04/01/2025	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/12/2023	09/12/2024	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

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

Workers Comp 3A State: NH, MA, ME, RI & VT. Supplemental Names: Manchester Mental Health Foundations, Inc.; Amoskeag Residences Inc., Skill Enrichment Series, Bedford Counseling Associates, The Cypress Center, The Life Enrichment Series, Family 411, Mindful Wellness, North End Counseling, One Plus Volunteers, InShape. The Certificate is issued for insured operations usual to Mental Health Services.

CERTIFICATE HOLDER

Department of Education
25 Hall 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

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Client#: 1364844 RIVERCOM12

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.

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

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

CERTIFICATE HOLDER

Department of Education
25 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

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SNKZR

CERTIFICATE OF LIABILITY INSURANCE

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

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

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

CERTIFICATE HOLDER

New Hampshire Department of Education
25 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

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NH Community Behavioral Health Association

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

1 Pillsbury Street, Suite 200
Concord, NH 03301
603.225.6633
www.nhcbha.org

Executive Directors / Chief Executive Officers

Updated 01/09/24

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

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

AUDITED FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2023

INDEX TO FINANCIAL STATEMENTS

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MASON + RICH
Certified Public Accountants

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

ASSETS

	2023
CURRENT ASSETS	
Cash and Cash Equivalents	$ 342,596
Accounts Receivable	26,763
Grants Receivable	125,007
Total Current Assets	494,366
TOTAL ASSETS	$ 494,366

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES	
NH Department of Education Program Payable	$ 125,006
Total Current Liabilities	125,006
TOTAL LIABILITIES	125,006
NET ASSETS WITHOUT DONOR RESTRICTIONS	369,360
TOTAL LIABILITIES AND NET ASSETS	$ 494,366

The Accompanying Notes are an Integral Part of These Financial Statements

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENT OF ACTIVITIES, FUNCTIONAL EXPENSES, AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED JUNE 30, 2023

	2023
SUPPORT AND REVENUE	
Program Services	
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
Total Program Services	529,262
Contributions and Other Revenue	
Grants	867,967
Total Contributions and Other Revenue	867,967
TOTAL SUPPORT, REVENUE, AND OTHER NET ASSETS WITHOUT DONOR RESTRICTIONS	1,397,229
FUNCTIONAL EXPENSES	
PROGRAM SERVICES	
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
Total Program Services	1,248,989
MANAGEMENT AND GENERAL	
Accounting	8,774
Insurance	1,912
Management Fees	68,301
Travel	99
Total Management and General	79,086
TOTAL FUNCTIONAL EXPENSES	$ 1,328,075

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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

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

The Accompanying Notes are an Integral Part of These Financial Statements

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

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

	2023
CASH FLOWS FROM OPERATING ACTIVITIES	
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	(40,797)
Net Cash Provided by (Used in) Operating Activities	28,709
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	28,709
Cash and Cash Equivalents, Beginning of Year	313,887
Cash and Cash Equivalents, End of Year	$ 342,596

The Accompanying Notes are an Integral Part of These Financial Statements

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.

(Continued on next page)

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.

(Continued on next page)

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

(Continued on next page)

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.

(Continued on next page)

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:

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

(Continued on next page)

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.

(Continued on next page)

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:

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

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

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.
[redacted]

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
603.225.8633
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.

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
TOTAL ADJUSTED BUDGET	$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
TOTAL	$2,354,000.00	-	$2,354,000.00

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 16th 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 16th day of November, 2023 .

Margaret M. Pritchard

DEC06'22 PM 2:49 RCVD

Frank Edelblut
Commissioner

Christine Brennan
Deputy Commissioner

108

STATE OF NEW HAMPSHIRE
DEPARTMENT OF EDUCATION
101 Pleasant Street
Concord, N.H. 03301
TEL (603) 271-3495
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
Total	$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 11, 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: _____ 12/5/2022
Frank Edelblut, Commissioner of Education Date

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

By: _____ 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 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
Total	$2,354,000.00

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
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
Total	$356,563.39	$780,436.61	$777,000.00	$440,000.00	$2,354,000.00

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 to:

Jessica Lescarbeau, Administrator IV
Jessica.J.lescarbeau@doe.nh.gov

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: 427821
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.

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

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/27/2022

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer 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 855 874-0123	CONTACT NAME: Nicki Renaud PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: nicki.renaud@usi.com
INSURED The Mental Health Center for Southern NH DBA CLM Center for Life Management 10 Tsienneto Rd Derry, NH 03038	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Indemnity Insurance Co. — 18058 INSURER B: Granite State Healthcare & Human Svc WC — NONAIC INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

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

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

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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).

PRODUCER		CONTACT NAME: Laura MacDonald	
Brown & Brown of New Hampshire, Inc. 309 Daniel Webster Highway Merrimack	NH 03054	PHONE (A/C, No, Ext): (603) 424-6901	FAX (A/C, No): (866) 848-1223
		E-MAIL ADDRESS: Laura.MacDonald@BBrown.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Philadelphia Indemnity Insurance Company	18058
INSURED Monadnock Family Services 64 Main Street, Suite 210 Keene	NH 03431	INSURER B: Technology Insurance Company, Inc.	42376
		INSURER C:	
		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.

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

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

CERTIFICATE HOLDER

Department of Education
25 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

Laura MacDonald

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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.

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PRODUCER	CONTACT NAME: Michele Palmer
FIA/Cross Insurance	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331
1100 Elm Street	E-MAIL ADDRESS: manch.certs@crossagency.com
Manchester NH 03101	INSURER(S) AFFORDING COVERAGE / NAIC #
INSURED	INSURER A: Hanover Ins Group
Behavioral Health & Developmental Services of Strafford County Inc.	INSURER B: Granite State Health Care and Human Services Self-I
DBA: Community Partners	INSURER C: Philadelphia Indemnity Ins Co 18058
113 Crosby Road, Ste 1	INSURER D:
Dover NH 03820	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 22-23 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.

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

CERTIFICATE HOLDER

Department of Education
25 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

Michael Gonnin

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Client#: 1010836 NORTHHUM

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).

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			[redacted]	03/31/2022	03/31/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	03/31/2022	03/31/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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/$3,000000	
A	Physician Prof				03/31/2022	03/31/2023	$1,000,000/$3,000000	

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.

CERTIFICATE HOLDER

New Hampshire Department of Education
25 Hall 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

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CASCA

Client#: 1010838 NORTHHUM

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/11/2022

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

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

PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Christine A Skehan PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: Christine.Skehan@usi.com
INSURED Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : NH Employers Insurance Company — 13083 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/30/2022	09/30/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $500,000 E.L. DISEASE - EA EMPLOYEE $500,000 E.L. DISEASE - POLICY LIMIT $500,000

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

Evidence of Insurance.

CERTIFICATE HOLDER

NH DEPT OF EDUCATION
25 HALL 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

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CASCA

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.

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

COVERAGES **CERTIFICATE NUMBER: 1164813102** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	11/12/2022	11/12/2023	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			[redacted]	11/12/2022	11/12/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	11/12/2022	11/12/2023	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			[redacted]	1/1/2022	1/1/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability Claims Made Retro Date: 11/12/1999			[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

Department of Education
25 Hall Street
Concord NH 03301

CANCELLATION 30 days/10 days non-payment

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): 06/28/2022

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.

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PRODUCER	CONTACT NAME: Sarah Cullen, AINS, ACSR	
Cross Insurance-Laconia 159 Court Street Laconia NH 03246	PHONE (A/C, No, Ext): (603) 524-2425	FAX (A/C, No): (603) 524-3666
	E-MAIL ADDRESS: sarah.cullen@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Ace American Insurance Company	
	INSURER B: ACE Property & Casualty Ins Co	
	INSURER C: New Hampshire Employers Ins Co	13083
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

COVERAGES CERTIFICATE NUMBER: CL2261600009 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:			[redacted]	06/28/2022	06/28/2023	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 - COMP/OP AGG	$ 3,000,000
							Employee Benefits Liab	$ 1,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			[redacted]	06/28/2022	06/28/2023	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	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			[redacted]	06/28/2022	06/28/2023	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☒ N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	06/28/2022	06/28/2023	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			[redacted]	06/28/2022	06/28/2023	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)

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 Sarah Cullen

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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: PHONE (A/C, No, Ext): 978-458-1655 FAX (A/C, No): 978-454-1865 E-MAIL ADDRESS: lnorton@fredcchurch.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Philadelphia Indemnity Insurance Company — 18058
INSURED Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801 SEACMEN-01	INSURER B: Granite State HC & HS Trust
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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.

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

CERTIFICATE HOLDER

New Hampshire Department of Education
25 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/08/2022

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

PRODUCER	CONTACT NAME: Tari Davis		
CGI Insurance, Inc. 5 Dartmouth Drive	PHONE (A/C, No, Ext): (877) 562-6954	FAX (A/C, No): (888) 574-2443	
	E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
Auburn NH 03032	INSURER A: Philadelphia Insurance		
INSURED	INSURER B: Philadelphia Indemnity		
The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street	INSURER C: A.I.M. Mutual		
	INSURER D:		
	INSURER E:		
Manchester NH 03103-3628	INSURER F:		

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liability $2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ 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	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			[redacted]	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Hired/borrowed	$ 1,000,000
B	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ 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? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/12/2022	09/12/2023	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

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.

CERTIFICATE HOLDER

Department of Education
25 Hall 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

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CERTIFICATE OF LIABILITY INSURANCE

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

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PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com CN102105453-group-22-23	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
West Central Services, Inc
dba West Central Behavioral Health
65 Mechanic St., Suite C2-1 Box A-10
Lebanon, NH 03766

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

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 Marsh USA Inc.

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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.

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PRODUCER Hays Companies, Inc. 980 Washington Street Suite 325 Dedham MA 02026	CONTACT NAME: Colin Quirk PHONE (A/C, No, Ext): E-MAIL ADDRESS: Colin.Quirk@bbrown.com
INSURED West Central Services, Inc. 85 Mechanic Street, Suite C2-1, Box A-10 Lebanon NH 03766	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Technology Insurance Company, Inc. — 42376 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	6/1/2022	6/1/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $ 500,000 E.L. DISEASE - EA EMPLOYEE $ 500,000 E.L. DISEASE - POLICY LIMIT $ 500,000

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

Evidence of Insurance

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 James Hays/CEXITC

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Client#: 1364844 RIVERCOM12

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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PRODUCER 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 FAX (A/C, No): E-MAIL ADDRESS: linda.jaeger@usi.com
INSURED Riverbend Community Mental Health Inc. P.O. Box 2032 Concord, NH 03302-2032	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Philadelphia Indemnity Insurance Co. — 18058 INSURER B : Granite State Healthcare & Human Svc WC — NONAIC INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

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

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

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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

WWW.MASONRICH.COM
Six Bicentennial Square, Concord, New Hampshire 03301
P: 603.224.2000 F: 603.224.2613

MASON + RICH
Certified Public Accountants

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

NH COMMUNITY BEHAVIORAL HEALTH ASSOCIATION

STATEMENTS OF FINANCIAL POSITION

AS OF JUNE 30, 2021 AND 2020

ASSETS

	2021	2020
CURRENT ASSETS		
Cash and Cash Equivalents	$ 238,496	$ 185,885
Certificate of Deposit	51,684	-
Accounts Receivable	16,181	730
Total Current Assets	306,361	186,615
OTHER ASSETS		
Certificate of Deposit		51,596
Total Other Assets		51,596
TOTAL ASSETS	$ 306,361	$ 238,211

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts Payable	$ 28,025	$ 14,343
NET ASSETS WITHOUT DONOR RESTRICTIONS	278,336	223,868
TOTAL LIABILITIES AND NET ASSETS	$ 306,361	$ 238,211

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
UNRESTRICTED ASSETS		
SUPPORT AND REVENUE		
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
Total Support and Revenue	521,790	404,000
OPERATING EXPENSES		
PROGRAM EXPENSES		
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
Total Program Expenses	390,462	324,589
MANAGEMENT EXPENSES		
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
Total Management Expenses	76,952	79,656
TOTAL OPERATING EXPENSES	467,414	404,245
INCOME FROM OPERATIONS	$ 54,376	$ (245)

(Continued on next page)

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

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
CASH FLOWS FROM OPERATING ACTIVITIES		
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	(1,857)	2,827
Net Cash Provided by (Used in) Operating Activities	52,611	3,481
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	52,611	3,481
Cash and Cash Equivalents, Beginning of Year	185,885	182,404
Cash and Cash Equivalents, End of Year	$ 238,496	$ 185,885

See Accompanying Notes and Independent Accountant's Review Report

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.

(Continued on next page)

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

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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.

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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.

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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.

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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:

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

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.

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

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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. — 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

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.
[redacted]

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

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.

f)

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

Roland P. Lamy Date: 09/15/22
Roland Lamy
Executive Director
New Hampshire Community Behavioral Health Association

AUGUST 22 AM 8:22 ROAD

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

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

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

By: _____ 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 Brown, Attorney General Office

Approved by the Governor and Council this _____ day of _____, 20__

By: _____

EXHIBIT C - 1
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
Total	$1,000,000

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

Contractor Initials CL
Date 7/21/22

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: 497021
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.

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 28th 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 28th 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).

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

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			[redacted]	10/01/2021	10/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			[redacted]	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	10/01/2021	10/01/2022	EACH OCCURRENCE AGGREGATE $	$5,000,000 $5,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	[redacted]	01/01/2022	01/01/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
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

CERTIFICATE HOLDER Department of Education 25 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/24/2022

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).

PRODUCER	CONTACT NAME: Michele Palmer
FIA/Cross Insurance	PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331
1100 Elm Street	E-MAIL ADDRESS: mpalmer@crossagency.com
Manchester NH 03101	INSURER(S) AFFORDING COVERAGE / NAIC #
INSURED	INSURER A: Philadelphia Indemnity Ins Co 18058
Behavioral Health & Developmental Services of Strafford County Inc.	INSURER B: Granite State Health Care and Human Services Self-
DBA: Community Partners	INSURER C:
113 Crosby Road, Ste 1	INSURER D:
Dover NH 03820	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.

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

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

CERTIFICATE HOLDER

Department of Education
25 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

Michael Gaucher

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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.

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PRODUCER Eaton & Berube 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): E-MAIL ADDRESS: kgx@eatonberube.com

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

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

COVERAGES — CERTIFICATE NUMBER: 848470317 — REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	1/1/2021	1/1/2022	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			[redacted]	1/1/2021	1/1/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	1/1/2021	1/1/2022	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED X RETENTION $ 10,000							$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			[redacted]	1/1/2022	1/1/2023	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A				E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liability Claims Made Retro Date: 11/1/2018			[redacted]	11/1/2021	11/1/2022	Each Claim Aggregate	$3,000,000 $3,000,000

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

Department of Education
25 Hall Street
Concord NH 03301

CANCELLATION 10 days non-pay/30 days other

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): 06/28/2022

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.

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PRODUCER	Sarah Cullen, AINS, ACSR
Cross Insurance-Laconia	PHONE (603) 524-2425 FAX (603) 524-3866
153 Court Street	E-MAIL ADDRESS: sarah.cullen@crossagency.com
Laconia NH 03246	INSURER(S) AFFORDING COVERAGE / NAIC #
INSURED	INSURER A: Ace American Insurance Company
Lakes Region Mental Health Center, Inc.	INSURER B: ACE Property & Casualty Ins Co
40 Beacon Street East	INSURER C: New Hampshire Employers Ins Co 13063
Laconia NH 03246	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2201800009 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.

LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			[redacted]	06/28/2022	06/28/2023	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 - COMP/OP AGG	$ 3,000,000
							Employee Benefits Liab	$ 1,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			[redacted]	06/28/2022	06/28/2023	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	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			[redacted]	06/28/2022	06/28/2023	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	06/28/2022	06/28/2023	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			[redacted]	06/28/2022	06/28/2023	Per Incident	$3,000,000
							Aggregate	$7,000,000

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

CERTIFICATE HOLDER

Department of Education
25 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

Sarah Cullen

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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.

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PRODUCER	Brown & Brown of New Hampshire 309 Daniel Webster Highway Merrimack NH 03054	CONTACT NAME:	Patricia LeBlanc
		PHONE (A/C, No, Ext):	(603) 424-8901 FAX (A/C, No): (866) 840-1223
		E-MAIL ADDRESS:	Patricia.LeBlanc@Brown.com
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A:	Philadelphia Indemnity Insurance Company 18058
		INSURER B:	Technology Insurance Company, Inc. 42376
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED	Monadnock Family Services 64 Main Street Suite 210 Keene NH 03431		

COVERAGES CERTIFICATE NUMBER: 21-22 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER:			[redacted]	09/01/2021	09/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			[redacted]	09/01/2021	09/01/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 5,000
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION $ 10,000			[redacted]	09/01/2021	09/01/2022	EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ 2,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	09/01/2021	09/01/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	3A State NH $ 500,000 $ 500,000 $ 500,000
A	Professional Liability			[redacted]	09/01/2021	09/01/2022	Each Incident Aggregate	$1,000,000 $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

CERTIFICATE HOLDER

NH Department of Education
25 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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/17/2022

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 Auburn NH 03032	CONTACT NAME: Teri Davis PHONE (A/C, No, Ext): (877) 662-8954 FAX (A/C, No): (888) 674-2443 E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Insurance	
	INSURER B: Philadelphia Indemnity	
	INSURER C: A.I.M. Mutual	
	INSURER D:	
	INSURER E:	
	INSURER F:	
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-3629		

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR Professional Liability $2M Agg GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] 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 of	$ 1,000,000
B	AUTOMOBILE LIABILITY [X] ANY AUTO OWNED AUTOS ONLY [ ] [X] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [X] NON-OWNED AUTOS ONLY			[redacted]	04/01/2022	04/01/2023	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Hired/Borrowed	$ 1,000,000
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] 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? (Mandatory in NH) Y/N [N] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	09/12/2021	09/12/2022	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

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

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 used to Mental Health Services.

CERTIFICATE HOLDER	CANCELLATION
Department of Education 25 Hall St 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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Client#: 1010838 NORTHHUM

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).

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			[redacted]	03/31/2022	03/31/2023	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $3,000,000 $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	03/31/2022	03/31/2023	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	03/31/2022	03/31/2023	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000 $
	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					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A A	Healthcare Prof Physician Prof			[redacted]	03/31/2022 03/31/2022	03/31/2023 03/31/2023	$1,000,000/$3,000000 $1,000,000/$3,000000	

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 seperate $1M/$3M limits of insurance, and do not share in the entity Limits of Insurance.

CERTIFICATE HOLDER

New Hampshire Department of Education
25 Hall 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

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Client#: 1010838 NORTHHUM

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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PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: Christine Skehan PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS: Christine.Skehan@usi.com
INSURED Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-6044	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Insurance Company — 32204 INSURER B: NH Employers Insurance Company — 13083 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $10,000,000 AGGREGATE $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	09/30/2021	09/30/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $500,000 E.L. DISEASE - EA EMPLOYEE $500,000 E.L. DISEASE - POLICY LIMIT $500,000

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

Evidence

Evidence of Insurance.

CERTIFICATE HOLDER	CANCELLATION
New Hampshire Department of Education 25 Hall St. 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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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.

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PRODUCER: 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 FAX (A/C, No): E-MAIL ADDRESS: linda.jaeger@usi.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co.	18058
	INSURER B : Granite State Healthcare & Human Svc WC	NONAIC
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
INSURED: Riverbend Community Mental Health Inc. 278 Pleasant Street 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	10/01/2021	10/01/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			[redacted]	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			[redacted]	10/01/2021	10/01/2022	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED X RETENTION $10K							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			[redacted]	01/01/2022	01/01/2023	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N N	N/A		01/01/2022	01/01/2023	E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional Liability			[redacted]	10/01/2021	10/01/2022	$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)

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

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0334344528/M34324721 CVVZP

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/22/2022

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.

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PRODUCER Fred C. Church Insurance 41 Wellman Street Lowell MA 01851	CONTACT NAME: PHONE (A/C, No, Ext): 978-458-1865 FAX (A/C, No): 978-454-1883 E-MAIL ADDRESS: jnorton@fredcchurch.com
INSURED Seacoast Mental Health Center, Inc. 1145 Sagamore Avenue Portsmouth NH 03801	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Indemnity Insurance Company — 18058 INSURER B: Granite State HC & HS Trust INSURER C: INSURER D: INSURER E: INSURER F:

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.

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

CERTIFICATE HOLDER New Hampshire Department of Education 25 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

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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.

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PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@marsh.com ONE2105453-prop-21-22	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED West Central Services, Inc dba West Central Behavioral Health 85 Mechanic St., Suite C3-1 Box A-10 Lebanon, NH 03766	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Capitol Specialty Insurance Corporation — 10223 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** NYC-011205453-01 **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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	11/01/2021	11/01/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N					PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

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 Marsh USA Inc.

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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).

PRODUCER Keye Companies, Inc. 880 Washington Street Suite 325 Dedham MA 02026	CONTACT NAME: Colin Quirk PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Colin.Quirk@bbrown.com
INSURED West Central Services, Inc. 85 Mechanic Street, Suite C2-1, Box A-10 Lebanon NH 03766	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Technology Insurance Company, Inc. 42376 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	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]	6/1/2022	6/1/2023	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $ 500,000 E.L. DISEASE - EA EMPLOYEE $ 500,000 E.L. DISEASE - POLICY LIMIT $ 500,000

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

Evidence of Insurance

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 James Keye/CENITC

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AUG04'21 PM 3:59 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

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 Council 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 1, "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: _____ 7.28.21
Commissioner of Education Date

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

By: Roland P. Lamy 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 2nd day of Aug, 2021

_____
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. Lemy 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 30 th day of September, 20 21.
(day, month, yr) (must be same date as the contract date)

(4) Roland P. Lemy 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, 20 21

Brian Collins
(Signature of Clerk of Corporation)

STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

On July 21, 20 21, the foregoing instrument was acknowledged before me.

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

Notary Public/Justice of the Peace

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

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: 0004958710

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.

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.

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 200 Bedford, NH 03110 855 674-0123	CONTACT NAME: PHONE (A/C, No, Ext): 855 674-0123 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co.	18058
INSURED The Mental Health Center for Southern NH DBA CMH Center for Life Management 10 Tsienneto Rd Derry, NH 03038	INSURER B : Granite 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			[redacted]	10/01/2020	10/01/2021	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$250,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$3,000,000
							PRODUCTS - COMP/OP AGG	$3,000,000
								$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			[redacted]	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	10/01/2020	10/01/2021	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 N	N/A	[redacted]	02/01/2021	02/01/2022	X STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$1,000,000
							E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Professional Liab			[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)

CERTIFICATE HOLDER

DHHS Dept Health & Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2021

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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PRODUCER Dover & Depart of New Hampshire 209 Daniel Webster Highway Merrimack NH 03054	CONTACT NAME: Pamela LaBree PHONE (A/C, No, Ext): (603) 424-6301 FAX (A/C, No): (888) 849-1333 E-MAIL ADDRESS: plabree@dwbinc.com
INSURED Merrimack Family Services 94 Main Street Nashua NH 03431	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Massachusetts Bay Insurance Company — 22306 INSURER B: Allmerica Financial Benefit Insurance Company — 41840 INSURER C: The Hanover Insurance Company — 22292 INSURER D: Technology Insurance Company Inc. — 42376 INSURER E: INSURER F:

COVERAGES — CERTIFICATE NUMBER: 1941 — 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.

LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☒ LOC OTHER:			[redacted]	03/01/2020	03/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ $
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 5,000
C	UMBRELLA LIAB EXCESS LIAB DED OCCUR CLAIMS-MADE RETENTION $			[redacted]	03/01/2020	03/01/2021	EACH OCCURRENCE AGGREGATE $	$ 2,000,000 $ 2,000,000 $
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒	N/A	[redacted]	03/01/2020	03/01/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	3A Statutory NH $ 500,000 $ 500,000 $ 500,000
A	Human Services Professional Liability			[redacted]	03/01/2020	03/01/2021	Each Claim Aggregate	1,000,000 3,000,000

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

CERTIFICATE HOLDER	CANCELLATION
NH DEPARTMENT OF EDUCATION 101 Pleasant St Concord NH 03301-3860	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 Julie Bernier

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ACORD

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

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PRODUCER FIA/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT Heather Preston, ARM,CRIS PHONE (603) 639-6218 FAX (603) 645-4331 E-MAIL hpreston@crossagency.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Indemnity Ins Co 18058 INSURER B: Granite State Health Care and Human Services EBO INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Behavioral Health & Developmental Services of Strafford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	

COVERAGES CERTIFICATE NUMBER: 20-21 all-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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☐ ☐ ☐ GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☒ OTHER: Professional Liability			[redacted]	11/01/2020	11/01/2021	Each Occurrence $ 1,000,000 Damage To Rented Premises (Ea occurrence) $ 1,000,000 Med Exp (Any one person) $ 10,000 Personal & Adv Injury $ 1,000,000 General Aggregate $ 3,000,000 Products - Comp/Op Agg $ 3,000,000 Pollution Liability $ 1,000,000
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			[redacted]	11/01/2020	11/01/2021	Combined Single Limit (Ea accident) $ 1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 1			[redacted]	11/01/2020	11/01/2021	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)	Y/N N	N/A	[redacted]	02/01/2021	02/01/2022	☒ STATUTE ☐ OTH-ER E.L. EACH ACCIDENT $ 1,000,000 E.L. DISEASE - EA EMPLOYEE $ 1,000,000 E.L. DISEASE - POLICY LIMIT $ 1,000,000
A	Directors & Officers Liability			[redacted]	11/01/2020	11/01/2021	Limit of Insurance $ 5,000,000

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.

CERTIFICATE HOLDER	CANCELLATION
Community Partners 113 Crosby Road Suite 1 Dover NH 03820	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 Richard Glazier

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Client#: 1910839 NORTHXUS

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 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 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 603 674-0123	CONTACT NAME: Christine Stephen PHONE (A/C, No, Ext): 603 674-0123 FAX (A/C, No): E-MAIL ADDRESS: Christine.Stephen@usi.com INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Philadelphia Indemnity Insurance Company 18058
INSURED Northern Human Services, Inc. 67 Washington Street Conway, NH 03818-0444	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			[redacted]	03/31/2021	03/31/2022	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 ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY			[redacted]	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident) $1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10000			[redacted]	03/31/2021	03/31/2022	EACH OCCURRENCE $10,000,000 AGGREGATE $10,000,000 $
	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					PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
A	Health care Prof			[redacted]	03/31/2021	03/31/2022	1,000,000/3,000,000
A	Physician Prof				03/31/2021	03/31/2022	1,000,000/3,000,000
A	Crime				03/31/2021	03/31/2022	500,000

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

Allied Health staff share in the Limits of the Entity.

Physicians have their own separate $1M/$3M limits of insurance, and do not share in the entity Limits of Insurance.

Evidence of Insurance

CERTIFICATE HOLDER	CANCELLATION
NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 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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0321803291/803173333 CASCA

CClient#: 1010338 MORTIGUM

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/15/2021

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 200
Bedford, NH 03110
603 879-0123

CONTACT NAME: Christina Bladen
PHONE (A/C, No, Ext): 603 879-0123 FAX (A/C, No):
E-MAIL ADDRESS: Christina.Bladen@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: NH Employers Insurance Company	13083
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Northern Human Services, Inc.
87 Washington Street
Conway, NH 03818-4044

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB EXCESS LIAB DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	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]	09/30/2020	09/30/2021	PER STATUTE OTH-ER E.L. EACH ACCIDENT $500,000 E.L. DISEASE - EA EMPLOYEE $500,000 E.L. DISEASE - POLICY LIMIT $500,000

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

CERTIFICATE HOLDER

NH Dept of Education
Vocational Rehabilitation
21 S. Fruit St., Suite 20
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/29/2021

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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PRODUCER
Eaton & Gamble Insurance Agency, LLC
11 Concord St
Nashua NH 03064

CONTACT NAME: Cathy Blanchard
PHONE (A/C, No, Ext): 603-882-7749 FAX (A/C, No): 603-598-4330
E-MAIL ADDRESS: cblanchard@eatongamble.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Berkshire Hathaway Direct Ins Co	
INSURER B: Concord Group Ins	14079
INSURER C: The Lawton Group	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
The Community Council of Nashua NH Inc
100 West Pearl St
Nashua NH 03060

COVERAGES CERTIFICATE NUMBER: 1/29/2021 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			[redacted]	1/1/2020	1/1/2021	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $ 100,000 MED EXP (Any one person) $ 5,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 3,000,000 PRODUCTS - COMP/OP AGG $ 3,000,000 $ 0
B	X AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000 BODILY INJURY (Per person) $ 0 BODILY INJURY (Per accident) $ 0 PROPERTY DAMAGE (Per accident) $ 0 $ 0
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			[redacted]	1/1/2020	1/1/2021	EACH OCCURRENCE $ 5,000,000 AGGREGATE $ 5,000,000 $ 0
C	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]	1/1/2021	1/1/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $ 1,000,000 E.L. DISEASE - EA EMPLOYEE $ 1,000,000 E.L. DISEASE - POLICY LIMIT $ 1,000,000
A	Professional Liability Claims Made Retroactive 1/1/2020			[redacted]	1/1/2020	1/1/2021	Each Claim Aggregate $3,000,000 $3,000,000

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.

NH DHHS is listed as additional insured per written contract.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Nina Ribemble

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/2021

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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PRODUCER Cross Insurance-Laconia 153 Court Street Laconia NH 03246	CONTACT NAME: Sarah Cullen, AINS, ACSR PHONE (A/C, No, Ext): (603) 524-3423 FAX (A/C, No): (603) 524-3699 E-MAIL ADDRESS: sarah.cullen@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Ace American Insurance Company	
	INSURER B: ACE Property & Casualty Ins Co	
	INSURER C: New Hampshire Employers Ins Co	13083
	INSURER D:	
	INSURER E:	
	INSURER F:	
INSURED Lakes Region Mental Health Center, Inc. 40 Beacon Street East Laconia NH 03246		

COVERAGES CERTIFICATE NUMBER: CL2162401712 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.

COLT LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			[redacted]	08/29/2021	08/29/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 250,000
							MED EXP (Any one person)	$ 20,000
							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	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	08/29/2021	08/29/2022	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	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED ☒ RETENTION $ 10,000			[redacted]	08/29/2021	08/29/2022	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	[redacted]	08/29/2021	08/29/2022	☒ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			[redacted]	08/29/2021	08/29/2022	Each Incident	3,000,000
							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 101 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Cullen

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CERTIFICATE OF LIABILITY INSURANCE

7/30/2021

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PRODUCER
Fred C Church Insurance
61 Wellman Street
Lowell MA 01851

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

CONTACT
PHONE (A/C, No, Ext): 978-458-1555 FAX (A/C, No): 978 454 1583
E-MAIL ADDRESS: pwright@fredchurch.com

INSURER A: Philadelphia Indemnity Insurance Company
INSURER B: Colonia State HC A (10) Ltd
INSURER C:
INSURER D:
INSURER E:

COVERAGES CERTIFICATE NUMBER: 937 [illegible] REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC OTHER:			[redacted]	[illegible]	[illegible]	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 ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	[illegible]	[illegible]	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			[redacted]	[illegible]	[illegible]	EACH OCCURRENCE $ 1,000,000 AGGREGATE $ 1,000,000 $
A	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]	[illegible]	[illegible]	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $ 1,000,000 E.L. DISEASE - EA EMPLOYEE $ 1,000,000 E.L. DISEASE - POLICY LIMIT $ 1,000,000
A	[illegible]			[redacted]	[illegible]	[illegible]	Per Occurrence Annual Aggregate

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

CERTIFICATE HOLDER

Seacoast Mental Health Center, Inc
1145 Sagamore Avenue
Portsmouth NH 03801-5503

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
[illegible]

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER
CGI Business Insurance
6 Cedarbrook Drive
Auburn NH 03032

INSURED
The Mental Health Center of Greater Manchester, Inc.
401 Cypress Street
Manchester NH 03103-5636

CONTACT NAME: Tim Davis
PHONE (603) 641-4600 FAX (603) 674-5407
E-MAIL Tdavis@CGIinsurance.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Philadelphia Insurance
INSURER B: Philadelphia Indemnity
INSURER C: AIM Mutual

COVERAGES — CERTIFICATE NUMBER: 21 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR Professional Liability EDH Acq GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			[redacted]	04/01/2021	04/01/2022	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 ea $ 1,000,000 Sexual/Physical Abuse Agg $ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ Miscellaneous Liability $ 1,000,000 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) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	04/01/2021	04/01/2022	PER STATUTE ☒ OTH-ER E.L. EACH ACCIDENT $ 500,000 E.L. DISEASE - EA EMPLOYEE $ 500,000 E.L. DISEASE - POLICY LIMIT $ 500,000
C	☒ UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION $ 10,000			[redacted]	04/01/2021	04/01/2022	

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

Workers Comp SA State: NH, MA & VT
Supplemental Named: Manchester Mental Health Foundation, Inc., Manchester Mental Health Realty, Inc, Manchester Mental Health Services, Inc., Manchester Mental Health Ventures, Inc.
The Certificate is issued for insured operations owned by Mental Health Services.

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/9/2020

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

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

PRODUCER
MARSH USA, INC.
[redacted]
BOSTON, MA 02110
Attn: [redacted]
CONTACT NAME: [redacted]
PHONE (A/C, No, Ext): [redacted] FAX (A/C, No): [redacted]
E-MAIL ADDRESS: [redacted]

INSURED
West Central Services, Inc
dba West Consolidated Health
9 Hanover Street, Suite 2
Lebanon, NH 03766

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Granite State Insurance Company — 23817
INSURER B: Chubb Indemnity Ins. — 10677
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES — CERTIFICATE NUMBER: — REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY			[redacted]	11/9/2020	11/9/2021	EACH OCCURRENCE $ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) $ 1,000,000
							MED EXP (Any one person) $ 5,000
							PERSONAL & ADV INJURY $ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $ 3,000,000
	OTHER:						$
B	AUTOMOBILE LIABILITY			[redacted]	11/9/2020	11/9/2021	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person) $
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) $
							$
X	X UMBRELLA LIAB / X OCCUR			[redacted]	11/9/2020	11/9/2021	EACH OCCURRENCE $ 5,000,000
	EXCESS LIAB / X CLAIMS-MADE						AGGREGATE $ 5,000,000
	DED / RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	N/A				E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $
A	Medicare Professional			[redacted]	11/9/2020	11/9/2021	Each Claim 1,000,000
	Liability -Claims Made						Aggregate 3,000,000

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

CERTIFICATE HOLDER

West Central Services Inc
dba West Consolidated Health
9 Hanover St, Suite 2
Lebanon, NH 03766

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
of Marsh USA Inc.
Margaret Mattingly

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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).

PRODUCER Hays Companies Inc. 133 Federal Street, 4th Floor Boston MA 02110	CONTACT NAME: Mariana Sousa PHONE (A/C, No, Ext): E-MAIL ADDRESS: msousa@hayscompanies.com INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Technology Insurance Company, Inc. — 42376 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED West Central Behavioral Health 9 Hanover Street, Suite 2 Lebanon NH 03766	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	6/1/2021	6/1/2022	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT $ 500,000 E.L. DISEASE - EA EMPLOYEE $ 500,000 E.L. DISEASE - POLICY LIMIT $ 500,000

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

Evidence of Insurance Coverage

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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/OSCHIC

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JUN18'21 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:

	FY21
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

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 oneday 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.
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

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

May 26, 2021

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

REQUESTED ACTION

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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

1. 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 Roland P. Lamy Date: 05/03/21		1.12 Name and Title of Contractor Signatory Roland Lamy, Executive Director	
1.13 State Agency Signature Date: 6-2-21		1.14 Name and Title of State Agency Signatory Frank Edelblut, Commissioner of Education	
1.15 Approved by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approved by the Attorney General (Form, Substance and Execution) *(if applicable)* By: On: 6/1/21 Christopher Bond, Attorney			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials RPL
Date 05/03/21

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.
3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement as indicated in block 1.17, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 ("Effective Date").
3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed. Contractor must complete all Services by the Completion Date specified in block 1.7.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.
5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.
5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.
5.3. The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.
5.4 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8.

6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/ EQUAL EMPLOYMENT OPPORTUNITY.
6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of race, color, religion, creed, age, sex, handicap, sexual orientation, or national origin and will take affirmative action to prevent such discrimination.
6.3. The Contractor agrees to permit the State or United States access to any of the Contractor's books, records and accounts for the purpose of ascertaining compliance with all rules, regulations and orders, and the covenants, terms and conditions of this Agreement.

7. PERSONNEL.
7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.
7.2 Unless otherwise authorized in writing, during the term of this Agreement, and for a period of six (6) months after the Completion Date in block 1.7, the Contractor shall not hire, and shall not permit any subcontractor or other person, firm or corporation with whom it is engaged in a combined effort to perform the Services to hire, any person who is a State employee or official, who is materially involved in the procurement, administration or performance of this Agreement. This provision shall survive termination of this Agreement.
7.3 The Contracting Officer specified in block 1.9, or his or her successor, shall be the State's representative. In the event of any dispute concerning the interpretation of this Agreement, the Contracting Officer's decision shall be final for the State.

Contractor Initials RPL
Date 03/03/21

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, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

Contractor Initials RPL
Date 05/03/21

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

Contractor Initials RPL
Date 03/03/21

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 13.2

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 Tsienneto 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: [illegible]
Date: 6/1/21

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
Laconia, NH 03246

Seacoast Mental Health Center, Inc.
1145 Sagamore 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 waiver 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 LF
Date 5/10/01

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 then 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. Training: CBHA will implement the DOE-determined mental health training program (the "Training Program") for Program participants 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 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.
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.
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.

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
Total	$43,321

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
Total	$357,600

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
Total	$51,400

Contractor Initials RPL
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 $8,800

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 initial: 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
TOTAL	$500,000

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 II – CRRSA Act 2021 in FY 21 as follows:

	FY'21
06-56-56-562010-19590000-102-500731 Contract for Program Services	$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 Pleasant Street
Concord, NH 03301
Susan.K.Murphy@doe.nh.gov

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
Date 10/20/21

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 05/03/21

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/sflllin.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 05/03/21

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 on 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 186-200.

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 Initials: 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, 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: 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.

William M. Gardner
Secretary of State

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

(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 4th day of May, 2021.

Brian Collins
(Signature of Clerk of Corporation)

STATE OF NEW HAMPSHIRE

COUNTY OF Merrimack

On May 4, 2021, the foregoing instrument was acknowledged before me.

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

COVID-19

My commission expires on: EBIN K. MEAGHER, Notary Public, State of New Hampshire, My Commission Expires May 18, 2021

Notary Public/Justice of the Peace

Client#: 1403385 KENTAHEA20

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2021

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 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: USI Insurance Services LLC 3 Executive Park Drive, Suite 200 Bedford, NH 03110 833 874-0123	CONTACT NAME: PHONE (A/C, No, Ext): 833 874-0123 FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Insurance Co.	18058
	INSURER B: Granite State Healthcare & Human Svc Inc.	30104AIC
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
INSURED: The Mental Health Center for Southern NH DBA CMH Center for Life Management 10 Tsienneto 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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [ ] OCCUR	[redacted]	10/01/2020	10/01/2021	EACH OCCURRENCE $1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $100,000 MED EXP (Any one person) $10,000 PERSONAL & ADV INJURY $1,000,000 GENERAL AGGREGATE $3,000,000 PRODUCTS - COMP/OP AGG $3,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	[redacted]	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) $1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10000	[redacted]	10/01/2020	10/01/2021	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) N / A If yes, describe under DESCRIPTION OF OPERATIONS below	[redacted]	10/01/2020	02/01/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $500,000 E.L. DISEASE - EA EMPLOYEE $500,000 E.L. DISEASE - POLICY LIMIT $500,000
A	Professional Liab	[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)

Evidence of Insurance

CERTIFICATE HOLDER	CANCELLATION
State of NH Dept. of Education 101 Pleasant St 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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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/2021

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).

PRODUCER	Jessica LaBrie	
Brown & Brown of New Hampshire	(603) 424-6301	(603) 645-1223
200 Grand Waldron Highway	jessica.labrie@bbrown.com	
Merrimack, NH 03054	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Massachusetts Bay Insurance Company	22306
INSURED	INSURER B: Allmerica Financial Benefit Insurance Company	41840
Monadnock Family Services	INSURER C: The Hanover Insurance Company	22292
64 Main Street	INSURER D: Technology Insurance Company, Inc.	42376
	INSURER E:	
Keene NH 03431	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			[redacted]	03/01/2020	03/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG OTHER:	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) MEDICAL payments	$ 1,000,000 $ $ $ $ 5,000
C	UMBRELLA LIAB EXCESS LIAB DED RETENTION $			[redacted]	03/01/2020	03/01/2021	EACH OCCURRENCE AGGREGATE X PER STATUTE OTH-ER	$ 2,000,000 $ 2,000,000 $ 3A Same NH
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	[redacted]	03/01/2020	03/01/2021	E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
A	Human Services Professional Liability			[redacted]	03/01/2020	03/01/2021	Each Claim Aggregate	1,000,000 3,000,000

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

CERTIFICATE HOLDER	CANCELLATION
NH DEPARTMENT OF EDUCATION 101 Pleasant St Concord NH 03301-3860	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 Jill Bernier

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ACORD

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 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 RASCorp Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Heather Peacock, ARM, CRM PHONE (A/C, No, Ext): (603) 645-4321 E-MAIL ADDRESS: [redacted] INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co	18058
INSURED Behavioral Health & Developmental Services of Strafford County Inc. DBA: Community Partners 113 Crosby Road, Ste 1 Dover NH 03820	INSURER B: Granite State Health Care and Human Services SIG	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 GL/AU/EX/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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC ☒ OTH-ER Professional Liability			[redacted]	11/01/2020	11/01/2021	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $ 1,000,000 MED EXP (Any one person) $ 10,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 3,000,000 PRODUCTS - COMP/OP AGG $ 3,000,000 $ 1,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			[redacted]	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	☒ OCCUR LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION $ 10,000			[redacted]	11/01/2020	11/01/2021	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) N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	02/01/2021	02/01/2022	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT $ 1,000,000 E.L. DISEASE - EA EMPLOYEE $ 1,000,000 E.L. DISEASE - POLICY LIMIT $ 1,000,000
A	Directors & Officers Liability			[redacted]	11/01/2020	11/01/2021	Limit of Insurance $ 5,000,000

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.

CERTIFICATE HOLDER	CANCELLATION
Community Partners 113 Crosby Road Suite 1 Dover NH 03820	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 Michael Glavin

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CDs #: 1010333 HCCRTIFICAT

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/1/2021

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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PRODUCER
USI Insurance Services LLC
3 Executive Park Drive, Suite 300
Bedford, NH 03110
603 674-0123

CONTACT NAME: Christine Stoltzfus
PHONE (A/C, No, Ext): 610 974-8123 FAX (A/C, No):
E-MAIL ADDRESS: Christine.Stoltzfus@usi.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Philadelphia Insurance Company	23264
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Northern Human Services, Inc.
87 Washington Street
Conway, NH 03818-0444

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			[redacted]	03/31/2021	03/31/2022	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 ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident) $1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10,000			[redacted]	03/31/2021	03/31/2022	EACH OCCURRENCE $10,000,000 AGGREGATE $10,000,000 $
	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					PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
A	Healthcare Prof			[redacted]	03/31/2021	03/31/2022	1,000,000/3,000,000
A	Physician Prof				03/31/2021	03/31/2022	1,000,000/3,000,000
A	Crime				03/31/2021	03/31/2022	500,000

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

Evidence of Insurance

CERTIFICATE HOLDER

NH Dept of Education
Vocational Rehabilitation
21 S. Fruit St., Suite 20
Concord, NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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Client#: 1010338 NORTHNUM

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 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 INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER CBI Insurance Services LLC 3 Executive Park Drive, Suite 200 Bedford, NH 03110 603 674-0123	CONTACT Christine Basham PHONE (A/C, No, Ext) 603-674-0123 FAX (A/C, No) E-MAIL ADDRESS Christine.B@cbiinsurance.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: NH Employers Insurance Company 23043 INSURER B: INSURER C: INSURER D: INSURER E:
INSURED Northern Human Services, Inc. 87 Washington Street Conway, NH 03818-4046	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB EXCESS LIAB DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	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]	03/30/2020	03/30/2021	OTH-ER E.L. EACH ACCIDENT $500,000 E.L. DISEASE - EA EMPLOYEE $500,000 E.L. DISEASE - POLICY LIMIT $500,000

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

Evidence of Insurance.

Evidence of Insurance

CERTIFICATE HOLDER	CANCELLATION
NH Dept of Education Vocational Rehabilitation 21 S. Fruit St., Suite 20 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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CASCA

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2021

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 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 & Benube Insurance Agency, LLC
11 Concord St
Nashua NH 03064

CONTACT NAME: Cathy Richmond
PHONE (A/C, No, Ext): 603-883-3768 FAX (A/C, No): 603-595-4739
E-MAIL ADDRESS: [redacted]

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Encompass Insurance Co	
INSURER B: Concord Group Ins	14377
INSURER C: The Lawson Group	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
The Community Council of Nashua NH Inc
100 West Pearl St
Nashua NH 03060

COVERAGES — CERTIFICATE NUMBER: [redacted] — REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			[redacted]	1/31/2020	1/31/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY X SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	1/31/2020	1/31/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			[redacted]	1/31/2020	1/31/2021	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		[redacted]	1/31/2021	1/31/2022	STATUTE / OTH	
							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: 1/31/2020			[redacted]	1/31/2020	1/31/2021	Each Claim Aggregate	$3,000,000 $3,000,000

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.

NH DHHS is listed as additional insured per written contract.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord NH 03301

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Nina Benube

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Client#: 1304344 RIVERCOM13

ACORD. CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/2021

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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PRODUCER	CONTACT NAME:	
USI Insurance Services LLC 5 Executive Park Drive, Suite 300 Bedford, NH 03110 603 674-0123	PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No):	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Insurance Co.	18058
INSURED Riverbend Community Mental Health Inc. 278 Pleasant Street Concord, NH 03301	INSURER B: Granite State Healthcare & Human Svc WC	NONAIC
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT LOC OTHER:			[redacted]	10/01/2020	10/01/2021	EACH OCCURRENCE $1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $100,000 MED EXP (Any one person) $5,000 PERSONAL & ADV INJURY $1,000,000 GENERAL AGGREGATE $3,000,000 PRODUCTS - COMP/OP AGG $3,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			[redacted]	10/01/2020	10/01/2021	COMBINED SINGLE LIMIT (Ea accident) $1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $10K			[redacted]	10/01/2020	10/01/2021	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	N/A		[redacted]	01/01/2021 01/01/2021	01/01/2022 01/01/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT $1,000,000 E.L. DISEASE - EA EMPLOYEE $1,000,000 E.L. DISEASE - POLICY LIMIT $1,000,000
A	Professional Liability			[redacted]	10/01/2020	10/01/2021	$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)

CERTIFICATE HOLDER	CANCELLATION
NH DOIT 101 Pleasant Street Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Jean Lloyd

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SCMID

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/04/2021

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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PRODUCER	CONTACT NAME: Sarah Cohen, ASA, ACAS	
Cross Insurance-Lowell	PHONE (A/C, No, Ext): (603) 634-3425	FAX (A/C, No): (603) 634-3428
1 Elm Street	E-MAIL ADDRESS: scohen@crossagency.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
Lowell NH 03849	INSURER A: Ace Property & Casualty Ins Co	
INSURED	INSURER B: ACE Property & Casualty Ins Co	
The Lakes Region Mental Health Center, Inc.	INSURER C: New Hampshire Employers Ins Co	13083
40 Deacon Street East	INSURER D:	
	INSURER E:	
Laconia NH 03246	INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL21040564 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR			[redacted]	09/30/2020	09/30/2021	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC						GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
								$ 0
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY NON-OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ PER ACCIDENT AUTOS ONLY			[redacted]	09/30/2020	09/30/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$ 0
							BODILY INJURY (Per accident)	$ 0
							PROPERTY DAMAGE (Per accident)	$ 0
							MEDICAL payments	$ 1,000
B	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB CLAIMS-MADE DED ☐ RETENTION $			[redacted]	09/30/2020	09/30/2021	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$ 0
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		[redacted]	09/30/2020	09/30/2021	☒ PER STATUTE ☐ OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liability			[redacted]	09/30/2020	09/30/2021	Each Occurrence	$4,000,000
							Aggregate Limit	$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 101 Pleasant Street Concord NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Sarah Cohen

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2021

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PRODUCER
Fred C Church Insurance
41 Washburn Street
Lowell MA 01851

CONTACT
NAME:
PHONE (A/C, No, Ext): 978-454-1623 FAX (A/C, No): 978-454-1643
E-MAIL ADDRESS: perry@fredchurch.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Philadelphia Indemnity Insurance Company — 18058
INSURER B: Ocean State HC & HS Trust
INSURER C:
INSURER D:
INSURER E:
INSURER F:

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

COVERAGES — CERTIFICATE NUMBER: [redacted] — REVISION NUMBER:

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

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

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

CERTIFICATE HOLDER

Seacoast Mental Health Center Inc
1145 Sagamore Avenue
Portsmouth NH 03801-5303

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
[redacted]

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/22/2021

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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PRODUCER CCS Business Insurance 8 Dorchester Drive Auburn NH 03032	CONTACT NAME: Lisa Davis PHONE (A/C, No, Ext): (800) 441-4800 FAX (A/C, No): (800) 879-8943 E-MAIL ADDRESS: lisa.davis@ccsbusinessinsurance.com INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Indemnity INSURER B: A.I.M. Mutual INSURER C: INSURER D: INSURER E: INSURER F:
INSURED The Mental Health Center of Greater Manchester, Inc. 401 Cypress Street Manchester NH 03103-6828	

COVERAGES — CERTIFICATE NUMBER: — REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☒ OCCUR Professional (2000) $3M Agg GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO JECT ☐ LOC OTHER:			[redacted]	04/01/2021	04/01/2022	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 EP $ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ Hired/Owned Liability $ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			[redacted]	04/01/2021	04/01/2022	
D	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION $ 10,000			[redacted]	04/01/2021	04/01/2022	EACH OCCURRENCE $ 10,000,000 AGGREGATE $ 10,000,000 $ ☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT $ 500,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A If yes, describe under DESCRIPTION OF OPERATIONS below			[redacted]	03/01/2020	03/01/2021	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 SA Rules NH, MA & VT
Additional Names: Manchester Mental Health Foundation, Inc., Manchester Mental Health Realty, Inc, Manchester Mental Health Services, Inc. Manchester Mental Health Ventures, Inc.
The Certificate is issued for district operations except to Mental Health Services.

CERTIFICATE HOLDER	CANCELLATION
The Mental Health Center of Greater Manchester 401 Cypress Street Manchester NH 03103	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

DATE (MM/DD/YYYY)
11/1/2020

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

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PRODUCER
[redacted]

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE | NAIC #
INSURER A: [redacted]
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
[redacted]

COVERAGES | CERTIFICATE NUMBER: | REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			[redacted]	11/1/2020	11/1/2021	EACH OCCURRENCE $ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) $ 1,000,000 MED EXP (Any one person) $ 5,000 PERSONAL & ADV INJURY $ 1,000,000 GENERAL AGGREGATE $ 2,000,000 PRODUCTS - COMP/OP AGG $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			[redacted]	11/1/2020	11/1/2021	COMBINED SINGLE LIMIT (Ea accident) $ 1,000,000 BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION			[redacted]	11/1/2020	11/1/2021	EACH OCCURRENCE $ 1,000,000 AGGREGATE $ 1,000,000 $
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT $ E.L. DISEASE - EA EMPLOYEE $ E.L. DISEASE - POLICY LIMIT $
A	PROFESSIONAL Liability - Claims Made			[redacted]	11/1/2020	11/1/2021	Each Claim 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)
Evidence of Coverage

CERTIFICATE HOLDER

[redacted]

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
of Illinois USA Inc.
Manuel Manriquez

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/10/2020

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

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PRODUCER	CONTACT Tina Hawkins
Hays Companies Inc. 133 Federal Street, 4th Floor Boston MA 02110	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: thawkins@hayscompanies.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Technology Insurance Company, Inc. — 42376
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
INSURED West Central Behavioral Health 9 Hanover Street, Suite 3 Lebanon NH 03766	INSURER F:

COVERAGES — CERTIFICATE NUMBER: 20-21 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE $ DAMAGE TO RENTED PREMISES (Ea occurrence) $ MED EXP (Any one person) $ PERSONAL & ADV INJURY $ GENERAL AGGREGATE $ PRODUCTS - COMP/OP AGG $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) $ BODILY INJURY (Per person) $ BODILY INJURY (Per accident) $ PROPERTY DAMAGE (Per accident) $ $
	UMBRELLA LIAB EXCESS LIAB DED RETENTION $						EACH OCCURRENCE $ AGGREGATE $ $
A	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]	9/1/2020	6/1/2021	X PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT $ 500,000 E.L. DISEASE - EA EMPLOYEE $ 100,000 E.L. DISEASE - POLICY LIMIT $ 100,000

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

Evidence of Insurance Coverage

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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/GSCHIC,

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