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Lori A. Weaver
Commissioner

Iain N. Watt
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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September 10, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into amendments to existing contracts with the Contractors listed below to continue providing home visiting services, by exercising contract renewal options by increasing the total price limitation by $16,911,354 from $9,788,971 to $26,700,325 and by extending the completion dates from September 30, 2024 to September 30, 2028, effective October 1, 2024, upon Governor and Council approval. 70% Federal Funds. 30% General Funds.

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Community Action Partnership of Stafford County Dover, NH	177200-B004	Rochester Catchment Area	$1,224,446	$2,131,968	$3,356,414	O: 2/8/23 Item #39
Granite VNA, Inc. Concord, NH	174069-R001	Conway and Laconia Catchment Areas	$1,065,241	$1,968,315	$3,033,556	O: 2/8/23 Item #39; A1: 6/14/23 Item #26; A2: 5/1/24 Item #18
The Family Resource Center at Gorham Gorham, NH	162412-B001	Berlin and Littleton Catchment Areas	$1,845,113	$2,904,538	$4,749,651	O: 2/8/23 Item #39; A1: 6/14/23 Item #27; A2: 5/1/24 Item #18
Waypoint Manchester, NH	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	$5,654,171	$9,906,533	$15,560,704	O: 2/8/23 Item #39; A1: 5/1/24 Item #18

		Total:	**$9,788,971**	**$16,911,354**	**$26,700,325**	

Funds are available in the following accounts for State Fiscal Years 2025 and are anticipated to be available in State Fiscal Years 2026, 2027, 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to allow the Contractors to continue providing voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age within designated Division of Child, Youth, and Families (DCYF) catchment areas. In addition, the Contractor will pursue expansion of the program making it available to a broader population of families, including those already involved in New Hampshire's child welfare system.

The Contractors provide voluntary home visiting services utilizing the Healthy Families America (HFA) evidence-based Home Visiting model, its Child Welfare Protocols, and an approved Registered Nurse (RN) home visit model enhancement. The HFA model has shown to improve positive parenting practices, maternal and child health, school readiness, economic self-sufficiency and parental educational attainment, and to increase linkages and referrals to valuable community resources. In addition, families who participate in the HFA model experience less child maltreatment and family violence than their non-HFA counterparts. The HFA model is currently being provided in every county in New Hampshire.

Approximately 246 families will be served during State Fiscal Years 2025, 2026, 2027, 2028, and 2029.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for four (4) years of the four (4) years available.

Should the Governor and Executive Council not authorize this request, more than 200 families will experience a lapse in services that serve to prevent child abuse and neglect, family violence, and poor maternal and child health outcomes.

Source of Federal Funds: Assistance Listing Number (ALN) 93.870, FAIN X10MC50315; ALN 93.658, FAIN (FFPSA) 2301NHFOST

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

Respectfully submitted,

Lori A. Weaver
Commissioner

Fiscal Detail Sheets
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, HOME VISITING FORMULA GNT
94% Federal Funds 6% General Funds

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00	$0.00	$192,620.00
2023	102-500731	Contracts for Program Services	90083208	$16,995.00	$0.00	$16,995.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00	$0.00	$317,640.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00	$0.00	$79,410.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$238,230.00	$238,230.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$60,598.00	$60,598.00
2026	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$181,793.00	$181,793.00
2026	102-500731	Contracts for Program Svcs	90005896	$0.00	$52,456.00	$52,456.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$54,327.00	$54,327.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$162,981.00	$162,981.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$54,327.00	$54,327.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$162,981.00	$162,981.00
2028	102-500731	Contracts for Program Svcs	90005896	$0.00	$45,028.00	$45,028.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$54,327.00	$54,327.00
			SUBTOTAL:	$606,665.00	$1,067,048.00	$1,673,713.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00	$0.00	$692,250.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00	$0.00	$950,000.00
2024	102-500731	Contracts for Program Services	90005896	$54,682.00	$0.00	$54,682.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00	$0.00	$237,500.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$712,500.00	$712,500.00
2025	102-500731	Contracts for Program Services	90005896	$27,341.00	$0.00	$27,341.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$230,356.00	$230,356.00
2026	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$691,068.00	$691,068.00
2026	102-500731	Contracts for Program Services	90005896	$0.00	$167,050.00	$167,050.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$227,975.00	$227,975.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$683,924.00	$683,924.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$227,975.00	$227,975.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$683,924.00	$683,924.00
2028	102-500731	Contracts for Program Services	90005896	$0.00	$172,818.00	$172,818.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	227,975.00	$227,975.00
			Subtotal:	$1,961,773.00	$4,025,565.00	$5,987,338.00

Fiscal Detail Sheets
Home Visiting Services
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Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00	$0.00	$80,533.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$340,529.00	$0.00	$340,529.00
2024	102-500731	Contracts for Program Services	90005896	$6,667	$0.00	$6,667.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$85,311.00	$0.00	85,311.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$252,640.00	252,640.00
2025	102-500731	Contracts for Program Services	90005896	$3,333.00	$0.00	$3,333.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$60,326.00	$60,326.00
2026	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$180,976.00	$180,976.00
2026	102-500731	Contracts for Program Services	90005896	$0.00	$34,869.00	$34,869.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$51,997.00	$51,997.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$155,991.00	$155,991.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$51,997.00	$51,997.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$155,991.00	$155,991.00
2028	102-500731	Contracts for Program Services	90005896	$0.00	$40,243.00	$40,243.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$51,997.00	$51,997.00
			Subtotal:	**$516,373.00**	**$1,037,027.00**	**1,553,400.00**

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00	$0.00	$269,729.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00	$0.00	$378,354.00
2024	102-500731	Contracts for Program Svcs	90005896	$33,571	$0.00	$33,571.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00	$0.00	$92,583.00
2025	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$277,749.00	$277,749.00
2025	102-500731	Contracts for Program Svcs	90005896	$25,179	$0.00	$25,179.00
2026	074-500589	Grants for Pub Asst and Rel	90083211	$0.00	$117,573.00	$117,573.00
2026	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$352,718.00	$352,718.00
2026	102-500731	Contracts for Program Svcs	90005896	$0.00	$57,079.00	$57,079.00
2027	074-500589	Grants for Pub Asst and Rel	90083212	$0.00	$125,903.00	$125,903.00
2027	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$377,707.00	$377,707.00
2028	074-500589	Grants for Pub Asst and Rel	90083213	$0.00	$125,903.00	$125,903.00
2028	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$377,707.00	$377,707.00
2028	102-500731	Contracts for Program Svcs	90005896	$0.00	$90,920.00	$90,920.00
2029	074-500589	Grants for Pub Asst and Rel	90083214	$0.00	$125,903.00	$125,903.00
			Subtotal:	**$799,416.00**	**$2,029,162.00**	**2,828,578.00**
			TOTAL:	**$3,884,227.00**	**$8,158,802.00**	**$12,043,029.00**

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS
100% Other Funds

Waypoint - Vendor #177166-B002

Fiscal Detail Sheets
Home Visiting Services
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State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00	$0.00	$108,000.00
			Subtotal:	$108,000.00	$0.00	$108,000.00
			TOTAL:	$108,000.00	$0.00	$108,000.00

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, MATERNAL - CHILD HEALTH,
100% General Funds

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Program Svcs	90004019	$56,250.00	$0.00	$56,250.00
2024	102-500731	Contracts for Program Svcs	90004019	$75,000.00	$0.00	$75,000.00
2025	102-500731	Contracts for Program Svcs	90004019	$0.00		$0.00
			Subtotal:	$131,250.00	$0.00	$131,250.00
			TOTAL:	$131,250.00	$0.00	$131,250.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, COVID-19 HEALTH DISPARITIES
100% Federal Funds

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00	$0.00	$105,000.00
2023	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00	$0.00	$157,500.00
			Subtotal:	$262,500.00	$0.00	$ 262,500.00

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577150	$15,000.00	$0.00	$15,000
2023	074-500589	Grants for Pub Asst and Relief	90577150	$101,512.00	$0.00	101,512.00
2024	074-500589	Grants for Pub Asst and Relief	90577150	$85,000.00	$0.00	$85,000
2024	074-500589	Grants for Pub Asst and Relief	90577150	$100,000.00	$0.00	100,000.00
			Subtotal:	$301,512.00	$0.00	301,512.00
			TOTAL:	$564,012.00	$0.00	$564,012.00

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, ARP - MIEC HOME VISITING
100% Federal Funds

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00	$0.00	$17,532.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00	$0.00	$54,231.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00	$0.00	$13,558.00
			Subtotal:	$85,321.00	$0.00	$85,321.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current	Increase (Decrease)	Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00	$0.00	$114,064.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00	$0.00	$125,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00	$0.00	$142,350.00
			Subtotal:	$381,414.00	$0.00	381,414.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount

Fiscal Detail Sheets
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2023	074-500589	Grants for Pub Asst and Rel	90083206	$72,591.00	$0.00	$72,591.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$8504.00	$0.00	$8,504.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$2130.00	$0.00	$2,130.00
			Subtotal:	**$83,225.00**	**$0.00**	**$83,225.00**

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00	$0.00	$68,714.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00	$0.00	$50,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00	$0.00	$56,532.00
			Subtotal:	**$175,246.00**	**$0.00**	**$175,246.00**
			TOTAL:	**$725,206.00**	**$0.00**	**$725,206.00**

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% Federal Funds

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current	Increase (Decrease)	Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00	$0.00	$199,673.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00	$0.00	$266,230.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00	$199,673.00	$266,230.00
2026	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$266,230.00	$266,230.00
2027	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$266,230.00	$266,230.00
2028	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$266,230.00	$266,230.00
2029	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$66,557.00	$66,557.00
			Subtotal:	**$532,460.00**	**$1,064,920.00**	**$1,597,380.00**

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current	Increase (Decrease)	Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$125,960.00	$0	$125,960.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$271,746.00	$0	$271,746.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$67,937.00	$164,885	$232,822.00
2026	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 232,822.00	$ 232,822.00
2027	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 232,822.00	$ 232,822.00
2028	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 232,822.00	$ 232,822.00
2029	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 67,937.00	$ 67,937.00
			Subtotal:	**$465,643.00**	**$931,288**	**$1,396,931.00**

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current	Increase (Decrease)	Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00	$0	$164,133.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00	$0	$218,845.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00	$164,133	$218,844.00
2026	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 218,844.00	$ 218,844.00

Fiscal Detail Sheets
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2027	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 218,844.00	$ 218,844.00
2028	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 218,844.00	$ 218,844.00
2029	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$ 54,711.00	$ 54,711.00
			Subtotal:	$437,689.00	$875,376	$1,313,065.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current	Increase (Decrease)	Amount
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00	$0.00	$1,102,682.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00	$0.00	$1,470,242.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00	$1,102,682.00	$1,470,242.00
2026	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$1,470,242.00	$1,470,242.00
2027	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$1,470,242.00	$1,470,242.00
2028	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$1,470,242.00	$1,470,242.00
2029	637-504181	TITLE IV- E FOSTER CARE SERVICE	42105869	$ -	$367,560.00	$367,560.00
			Subtotal:	$2,940,484.00	$5,880,968.00	$8,821,452.00
			TOTAL:	$4,376,276.00	$8,752,552.00	$13,128,828.00

GRAND TOTAL:	$9,788,971.00	$16,911,354.00	$26,700,325.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Community Action Partnership of Strafford County ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

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

   September 30, 2028

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

   $3,356,414

3. Modify Exhibit B, Scope of Services, Subsection 3.3., to read:

   3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the Rochester DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve forty (40) DCYF families in the Rochester Catchment Area; serving no less than 70% of the identified number of families for this region, before the end of the contract period.

4. Modify Exhibit B, Scope of Services, Subsection 3.5.4., to read:

   3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.

5. Modify Exhibit B, Scope of Services, Subsection 3.7.1.2., to read:

   3.7.1.2. Have HFA CWP available in the Rochester DCYF Catchment Area.

   3.7.1.2.1. Should the Contractor be unable to provide services through the HFA CWP, a corrective action plan must be developed by the Contractor and approved by the Department.

   3.7.1.2.1.1. In the event that the Contractor is unable to provide services using the CWP, the Contractor must enter into a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of discontinuation.

DS
BAP
Contractor Initials
Date 9/9/2024

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

1. This Agreement is funded by:

1.1. 73.30% Federal funds from:

1.1.1. 64.07% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAINX10MC43595; and as awarded on September 2, 2022, FAINX10MC46878; and as awarded on August 29, 2023, FAINX10MC50315.

1.1.2. 3.47% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.

1.1.3. 32.46% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, ALN 93.658, FAIN 2201NHFOST.

1.2. 26.70% General funds.

7. Modify Exhibit C, Payment Terms, Section 7, to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items as specified in Exhibit C-1, Budget Sheet SFY 2023 through Exhibit C-12, Budget Sheet SFY 2029 – Amendment #1.

8. Modify Exhibit C, Payment Terms, Section 9.3, to read:

9.3. The Contractor must not exceed the maximum allotment for weekly rate expenditure by State Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$44,372
SFY 2024	$88,744
SFY 2025	$226,230
SFY 2026	$226,230
SFY 2027	$226,230
SFY 2028	$226,230
SFY 2029	$66,557
Total	**1,104,593**

DS BAP

Contractor Initials

Date 9/9/2024

9. Modify Exhibit C, Payment Terms, by deleting Section 10, in its entirety.
10. Modify Exhibit C-3 Budget Sheet, SFY 2025, by replacing it in its entirety with Exhibit C-3 Budget Sheet, SFY 2025 – Amendment #1, which is attached hereto and incorporated by reference herein.
11. Add Exhibit C-9, Budget Sheet SFY 2026 – Amendment #1, which is attached hereto and incorporated by reference herein.
12. Add Exhibit C-10, Budget Sheet SFY 2027 – Amendment #1, which is attached hereto and incorporated by reference herein.
13. Add Exhibit C-11, Budget Sheet SFY 2028 – Amendment #1, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-12, Budget Sheet SFY 2029 – Amendment #1, which is attached hereto and incorporated by reference herein.

DS
BAP
Contractor Initials
Date 9/9/2024

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective October 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

9/9/2024
Date

DocuSigned by:
Iain Watt
D778BB63F9704C7...
Name: Iain Watt
Title: Director - DPHS

Community Action Partnership of Strafford County

9/9/2024
Date

DocuSigned by:
Betsey Andrews Parker
85195ADCCB0646E...
Name: Betsey Andrews Parker
Title: CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024
Date

DocuSigned by:
Robyn Guarino
74873484494l460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-3 Budget Sheet, SFY 2025 - Amendment #1

New Hampshire Department of Health and Human Services

Complete one budget form for each budget period.

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services*

Budget Period *SFY 2025 (07/1/24 - 6/30/25)*

Indirect Cost Rate (if applicable) 15.90%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	224,491.92
2. Fringe Benefits	22,449.39
3. Consultants	2,293.95
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1,067.13
5.(a) Supplies - Educational	1,414.25
5.(b) Supplies - Lab	
5.(c) Supplies - Pharmacy	
5.(d) Supplies - Medical	
5.(e) Supplies Office	480.00
6. Travel	1,578.00
7. Software	
8. (a) Other - Marketing/ Communications	159.75
8. (b) Other - Education and Training	2,810.00
8. (c) Other - Other (specify below) -	
Subsriptions	2,378.50
Insurance	608.93
audit and legal	0.00
telephone/internet	3,945.00
Occupancy	10,386.64
9. Subrecipient Contracts	0.00
Total Direct Costs	274,063.46
Total Indirect Costs	43,576.54
TOTAL	**317,640.00**

DS

Contractor Initials: BLP

Date: 9/9/2024

Exhibit C-9, Budget Sheet SFY 2026 - Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Community Action Partnership of Strafford County
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	SFY 26 (7/1/25 - 6/30/26)
Indirect Cost Rate (if applicable)	15.9
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$200,960
2. Fringe Benefits	$20,096
3. Consultants	$1,879
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$1,172
5.(a) Supplies - Educational	$936
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$585
6. Travel	$1,872
7. Software	$0
8. (a) Other - Marketing/ Communications	$234
8. (b) Other - Education and Training	$4,200
8. (c) Other - Other (specify below)	$15,914
Other (please specify)	$5,148
Other (please specify)	$94
Other (please specify)	$702
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$254,399
Total Indirect Costs	$40,448
TOTAL	$294,847

Contractor Initials: DS BAP

Date: 9/9/2024

Exhibit C-10, Budget Sheet SFY 2027 - Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Community Action Partnership of Strafford County
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	SFY 27 (7/1/26 - 6/30/27)
Indirect Cost Rate (if applicable)	15.9

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$15
2. Fringe Benefits	$14,060
3. Consultants	$2,370
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$2,372
5.(a) Supplies - Educational	$928
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$593
6. Travel	$1,896
7. Software	$0
8. (a) Other - Marketing/ Communications	$237
8. (b) Other - Education and Training	$3,586
8. (c) Other - Other (specify below)	$14,223
Other (please specify)	$5,214
Other (please specify)	$94
Other (please specify)	$711
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$187,500
Total Indirect Costs	$29,808
TOTAL	$217,308

Contractor Initials: BLP (DS)

Date: 9/9/2024

Exhibit C-11, Budget Sheet SFY 2028 - Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Community Action Partnership of Strafford County
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	SFY 28 (7/1/27 - 6/30/28)
Indirect Cost Rate (if applicable)	15.9
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$175,678
2. Fringe Benefits	$17,569
3. Consultants	$2,387
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$1,082
5.(a) Supplies - Educational	$1,638
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$540
6. Travel	$2,159
7. Software	$0
8. (a) Other - Marketing/ Communications	$216
8. (b) Other - Education and Training	$4,342
8. (c) Other - Other (specify below)	$14,700
Other (please specify)	$4,752
Other (please specify)	$86
Other (please specify)	$638
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$226,348
Total Indirect Costs	$35,988
TOTAL	$262,336

Contractor Initials: DS BAP

Date: 9/9/2024

Exhibit C-12, Budget Sheet SFY 2029 - Amendment #1

New Hampshire Department of Health and Human Services	
Contractor Name:	Community Action Partnership of Strafford County
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	SFY 29 (7/1/28 - 9/30/28)
Indirect Cost Rate (if applicable)	15.9
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$34,812
2. Fringe Benefits	$3,470
3. Consultants	$750
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$200
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$150
6. Travel	$492
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$550
8. (c) Other - Other (specify below)	$4,500
Other (please specify)	$1,500
Other (please specify)	$30
Other (please specify)	$225
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$46,874
Total Indirect Costs	$7,453
TOTAL	$54,327

Contractor Initials: DS BAP

Date: 9/9/2024

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State of New Hampshire

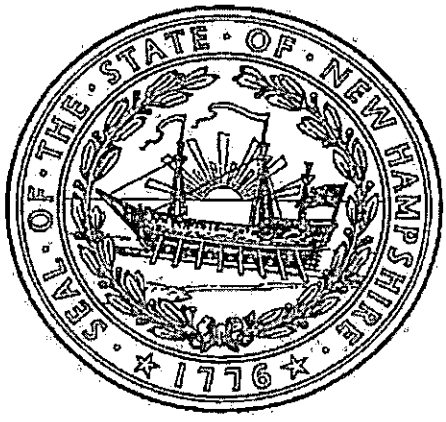
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 25, 1965. 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: **65583**

Certificate Number: **0006664113**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 10th day of April A.D. 2024.

David M. Scanlan

Secretary of State

CERTIFICATE OF AUTHORITY

I, Alan Brown hereby certify that:

1. I am duly elected Secretary of Community Action Partnership of Strafford County.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called, and held on November 15, 2023, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Betsey Andrews Parker, CEO and Leslie Craigen, CFO are duly authorized on behalf of Community Action Partnership of Strafford County to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority was **valid thirty (30) days prior to and remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 9/11/2024

Signature of Elected Officer

Name: Alan Brown

Title: Secretary

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/19/2024

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. 5 Dartmouth Drive Auburn NH 03032	PHONE (A/C, No, Ext): (877) 562-8954 FAX (A/C, No): (866) 574-2443 E-MAIL ADDRESS: TDavis@CGIBusinessInsurance.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Community Action Partnership of Strafford County DBA: Strafford CAP 577 Central St, Ste 10 Dover 03820	INSURER A: Hanover Insurance Company	22292
	INSURER B: Eastern Alliance	10724
	INSURER C: Philadelphia Indemnity	23850
	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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Abuse Liability: $1M GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:			ZHVA192135 11	07/01/2024	07/01/2025	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	$ Included
							Professional Liability	$ 1,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			AWVA156930	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Uninsured motorist	$ 1,000,000
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 0			UHVA192136	07/01/2024	07/01/2025	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
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		01000011379-2024A	07/01/2024	07/01/2025	[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
C	Directors & Officers EPLI with Crime			PHSD1807749-007	07/01/2024	07/01/2025	Aggregate	$8,000,000
							Per Claim	$3,000,000
							Crime Aggregate	$1,000,000

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

Workers Comp 3A State: NH

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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MISSION

To reduce barriers to help clients improve their economic stability and well-being through education, advocacy, and partnerships.

Community Action PARTNERSHIP of Strafford County

VISION

To eliminate poverty.

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Financial Statements

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED
DECEMBER 31, 2023 AND 2022
AND
INDEPENDENT AUDITORS' REPORTS AND REPORTS ON COMPLIANCE AND INTERNAL CONTROL

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Community Action Partnership of Strafford County and Affiliate

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying consolidated financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization) and Affiliate, which comprise the consolidated statements of financial position as of December 31, 2023 and 2022, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, based on our audits and the report of the other auditors, the consolidated financial statements present fairly, in all material respects, the financial position of Community Action Partnership of Strafford County and Affiliate as of December 31, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Academy Street Family Housing, LLC a wholly owned subsidiary, for the year ended December 31, 2023, which statements reflect total assets constituting 8.45 percent of consolidated total assets at December 31, 2023, and total revenues constituting 0.31 percent of consolidated total revenues for the year then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Academy Street Family Housing, LLC, is based solely on the report of the other auditors.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Community Action Partnership of Strafford County and Affiliate and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Action Partnership of Strafford County and Affiliate's ability to continue as a going concern within one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County and Affiliate's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Community Action Partnership of Strafford County and Affiliate's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 5, 2024, on our consideration of Community Action Partnership of Strafford County'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 Community Action Partnership of Strafford County'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 Community Action Partnership of Strafford County's internal control over financial reporting and compliance.

Leone, McDonnell & Roberts
Professional Association

Dover, New Hampshire
June 5, 2024

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2023 AND 2022

ASSETS

	2023	2022
CURRENT ASSETS		
Cash and cash equivalents	$ 1,806,373	$ 1,355,108
Accounts receivable	1,875,336	2,556,852
Contributions receivable	20,000	30,000
Due from Gafney Home, L.P.	519,890	-
Inventory	413,604	501,752
Prepaid expenses	11,972	52,046
Total current assets	4,647,175	4,495,758
NONCURRENT ASSETS		
Restricted cash	36,215	29,455
Contributions receivable	-	20,000
Security deposits	8,375	8,427
Property, net of accumulated depreciation	6,374,340	5,804,619
Other noncurrent assets	25,503	25,503
Right of use asset	81,312	146,825
Total noncurrent assets	6,525,745	6,034,829
TOTAL ASSETS	$ 11,172,920	$ 10,530,587

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Current portion of long term debt	$ 99,121	$ 95,690
Accounts payable	1,295,505	445,958
Accrued payroll and related taxes	128,546	129,018
Accrued compensated absences	193,093	205,528
Refundable advances	849,145	1,581,774
Other current liabilities	36,309	73,462
Current portion of right of use liability	36,264	65,513
Total current liabilities	2,637,983	2,596,943
NONCURRENT LIABILITIES		
Long term debt, less current portion shown above	3,057,976	2,908,484
Security deposits	2,853	3,201
Right of use liability, less current portion shown above	45,048	81,312
Total noncurrent liabilities	3,105,877	2,992,997
Total liabilities	5,743,860	5,589,940
NET ASSETS		
Without donor restrictions	5,253,075	4,634,862
With donor restrictions	175,985	305,785
Total net assets	5,429,060	4,940,647
TOTAL LIABILITIES AND NET ASSETS	$ 11,172,920	$ 10,530,587

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 16,787,565	$ -	$ 16,787,565
Fees for service	3,030,181	-	3,030,181
Rent revenue	65,397	-	65,397
Public support	329,618	31,514	361,132
In-kind donations	767,224	-	767,224
Interest	1,089	-	1,089
Fundraising	227,539	-	227,539
Other revenue	31,951	-	31,951
Loss on disposal of property	(79,338)	-	(79,338)
Total revenues and other support	21,161,226	31,514	21,192,740
NET ASSETS RELEASED FROM RESTRICTIONS	161,314	(161,314)	-
Total revenues, other support, and net assets released from restrictions	21,322,540	(129,800)	21,192,740
EXPENSES			
Program services			
Child services	5,618,514	-	5,618,514
Community services	1,213,031	-	1,213,031
Energy assistance	4,088,771	-	4,088,771
Housing	5,475,141	-	5,475,141
Weatherization	3,309,103	-	3,309,103
Total program services	19,704,560	-	19,704,560
Supporting activities			
Management and general	1,522,812	-	1,522,812
Fundraising	197,469	-	197,469
Total expenses	21,424,841	-	21,424,841
CHANGE IN NET ASSETS BEFORE ACQUISITION OF PROPERTY AND LAND	(102,301)	(129,800)	(232,101)
ACQUISITION OF PROPERTY AND LAND	720,514	-	720,514
CHANGE IN NET ASSETS	618,213	(129,800)	488,413
NET ASSETS, BEGINNING OF YEAR	4,634,862	305,785	4,940,647
NET ASSETS, END OF YEAR	$ 5,253,075	$ 175,985	$ 5,429,060

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 42,329,510	$ -	$ 42,329,510
Fees for service	1,976,344	-	1,976,344
Rent revenue	58,600	-	58,600
Public support	514,628	113,717	628,345
In-kind donations	988,080	-	988,080
Interest	402	-	402
Fundraising	167,764	-	167,764
Other revenue	1,216	-	1,216
Gain on disposal of property	27,491	-	27,491
Total revenues and other support	46,064,035	113,717	46,177,752
NET ASSETS RELEASED FROM RESTRICTIONS	166,561	(166,561)	-
Total revenues, other support, and net assets released from restrictions	46,230,596	(52,844)	46,177,752
EXPENSES			
Program services			
Child services	5,120,775	-	5,120,775
Community services	2,123,402	-	2,123,402
Energy assistance	4,158,324	-	4,158,324
Housing	31,536,296	-	31,536,296
Weatherization	1,791,979	-	1,791,979
Total program services	44,730,776	-	44,730,776
Supporting activities			
Management and general	1,179,649	-	1,179,649
Fundraising	219,246	-	219,246
Total expenses	46,129,671	-	46,129,671
CHANGE IN NET ASSETS	100,925	(52,844)	48,081
NET ASSETS, BEGINNING OF YEAR	4,533,937	358,629	4,892,566
NET ASSETS, END OF YEAR	$ 4,634,862	$ 305,785	$ 4,940,647

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2023

	Child Services	Community Services	Energy Assistance	Housing	Weatherization	Total Program Services	Intermediate (Allocation) Pools	Management and General	Fundraising	Total
Payroll	$ 3,562,846	$ 278,618	$ 503,425	$ 628,100	$ 220,327	$ 5,191,316	$ 24,927	$ 854,406	$ 79,711	$ 6,150,360
Payroll taxes	293,123	23,014	41,585	51,302	17,595	426,619	2,305	40,988	6,452	476,364
Fringe benefits	233,618	18,544	42,466	49,182	23,018	366,828	-	63,255	5,369	435,452
Retirement	16,331	1,769	2,362	5,463	1,837	27,762	274	4,914	291	33,241
Weatherization material, fuel and client assistance	29,635	32,082	3,413,724	4,394,593	2,977,588	10,847,622	-	-	-	10,847,622
In-kind expenses	167,453	585,933	-	19,827	500	753,713	-	-	13,511	767,224
Consultants and contract labor	58,298	6,383	151	41,791	336	106,959	77,946	167,622	19,414	371,941
Consumable supplies	223,160	154,240	5,563	39,621	4,738	427,322	51,654	18,436	4,875	502,287
Occupancy	700,964	46,498	55,377	130,160	21,160	954,159	(621,635)	84,260	11,291	428,075
Repairs and maintenance	52,295	9,782	5,971	17,494	1,133	86,675	400,030	5,810	1,675	494,190
Insurance	33,359	3,256	1,325	8,559	955	47,454	15,170	56,416	185	119,225
Training and conferences	86,945	12,467	5,012	21,405	19,194	145,023	62	66,709	41,212	253,006
Depreciation	76,962	42,021	391	37,528	4,328	161,230	-	87,399	-	248,629
Travel and transportation	44,974	4,203	224	16,382	6,491	72,274	(12,307)	6,983	894	67,844
Printing and postage	1,074	3,098	2,051	60	19	6,302	-	6,091	10,295	22,688
Equipment and computer	6,952	728	-	2,525	6,628	16,833	16,357	3,458	60	36,708
Interest expense	17,629	6,819	9,144	11,149	3,256	47,997	2,834	42,163	1,280	94,274
Other program support	12,896	5,576	-	-	-	18,472	42,383	13,902	954	75,711
Total expenses	$ 5,618,514	$ 1,213,031	$ 4,088,771	$ 5,475,141	$ 3,309,103	$ 19,704,560	$ -	$ 1,522,812	$ 197,469	$ 21,424,841

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022

	Child Services	Community Services	Energy Assistance	Housing	Weatherization	Total Program Services	Intermediate (Allocation) Pools	Management and General	Fundraising	Total
Payroll	$ 2,951,365	$ 644,816	$ 388,986	$ 920,193	$ 164,650	$ 5,070,010	$ 73,067	$ 681,722	$ 121,545	$ 5,946,344
Payroll taxes	247,208	57,069	32,974	75,584	12,672	425,507	6,311	63,162	9,833	504,813
Fringe benefits	205,921	34,528	30,366	72,552	19,799	363,166	82	37,953	5,220	406,421
Retirement	14,995	2,162	1,569	6,445	761	25,932	752	5,767	75	32,526
Weatherization material, fuel and client assistance	119,381	20,588	3,606,402	29,909,257	1,514,988	35,170,616	-	-	-	35,170,616
In-kind expenses	14,772	968,268	-	-	-	983,040	-	-	5,040	988,080
Consultants and contract labor	166,829	14,565	2,692	212,431	1,597	398,114	99,599	139,998	12,755	650,466
Consumable supplies	206,399	205,366	9,592	35,892	8,549	465,788	42,120	18,091	3,958	529,957
Occupancy	704,886	70,467	41,243	141,580	18,043	976,219	(670,668)	69,769	6,201	381,521
Repairs and maintenance	39,766	23,938	7,541	10,406	2,763	84,414	440,423	660	2,194	527,691
Insurance	71,667	11,150	1,610	22,841	2,431	109,699	25,811	52,785	259	188,554
Training and conferences	80,246	5,551	2,526	7,834	17,205	113,362	119	28,440	41,454	181,375
Depreciation	80,133	34,099	391	34,641	4,328	153,592	-	85,443	-	239,035
Travel and transportation	42,327	4,808	89	11,836	6,722	65,782	(12,356)	4,699	769	58,894
Printing and postage	3,723	55	10,850	348	96	15,072	-	11,043	5,576	31,691
Equipment and computer	-	-	6,588	24,285	10,544	41,417	29,328	-	1,310	72,053
Interest expense	-	10,658	10,141	12,037	3,070	35,906	5,982	81,815	1,438	125,141
Indirect	105,441	-	-	-	-	105,441	-	(105,441)	-	-
Other program support	65,716	15,314	4,774	38,134	3,761	127,699	(40,568)	5,743	1,619	94,493
Total expenses	$ 5,120,775	$ 2,123,402	$ 4,158,324	$ 31,536,296	$ 1,791,979	$ 44,730,776	$ -	$ 1,179,649	$ 219,246	$ 46,129,671

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 488,413	$ 48,081
Adjustment to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	248,629	239,035
Amortization of debt issuance costs	3,376	3,376
Acquisition of property and land	(945,514)	-
Acquisition of long term debt	225,000	-
Transfer of property to Gafney Home, L.P.	129,397	-
Loss (gain) on disposal of property	79,338	(27,491)
Decrease (increase) in assets:		
Accounts receivable	681,516	(426,641)
Contributions receivable	30,000	(37,400)
Due from Gafney Home, L.P.	(519,890)	-
Inventory	88,148	9,780
Prepaid expenses	40,074	(15,380)
Other noncurrent assets	-	1,334
Security deposits	52	42
Increase (decrease) in liabilities:		
Accounts payable	849,547	(475,081)
Accrued payroll and related taxes	(472)	(7,229)
Accrued compensated absences	(12,435)	60,294
Refundable advances	(732,629)	630,909
Other current liabilities	(37,153)	73,462
Security deposits	(348)	-
NET CASH PROVIDED BY OPERATING ACTIVITIES	615,049	77,091
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property	(100,594)	(506,141)
Proceeds on sale of property	19,023	600,000
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	(81,571)	93,859
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments made on long term debt	(75,453)	(355,915)
NET CASH USED IN FINANCING ACTIVITIES	(75,453)	(355,915)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	458,025	(184,965)
CASH AND RESTRICTED CASH, BEGINNING OF YEAR	1,384,563	1,569,528
CASH AND RESTRICTED CASH, END OF YEAR	$ 1,842,588	$ 1,384,563
CASH AND RESTRICTED CASH		
Cash	$ 1,806,373	$ 1,355,108
Restricted cash:		
Insurance escrow	13,477	9,193
Tax escrow	5,931	5,952
Replacement reserves	6,580	4,363
Operating reserve	10,227	9,947
Total cash and restricted cash	$ 1,842,588	$ 1,384,563
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	$ 90,898	$ 121,765
SUPPLEMENTAL DISCLOSURE OF NONCASH INVESTING AND AND FINANCING ACTIVITIES		
Acquired property and land	$ 945,514	$ -
Acquired long term debt	$ 225,000	$ -

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

NOTE 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Organization and Principles of Consolidation

Community Action Partnership of Strafford County (the Agency) is a 501(c)(3) private New Hampshire non-profit organization established under the provisions of the Equal Opportunity Act of 1964. Without services provided by the Agency, many local residents would be without a means to provide for their basic needs, including food, education, child care, utilities assistance, transportation, housing, emergency shelter and access to other services. The mission of the Agency is to educate, advocate and assist people in Strafford County to help meet their basic needs and promote self-sufficiency. The vision of the Agency is to eliminate poverty in Strafford County through compassion, education, self-sufficiency, transparency, accountability, team work, client focus and professionalism.

Academy Street Family Housing, LLC (Academy Street) is a limited liability company which is consolidated because the Agency is the sole member of Academy Street. All significant intercompany items and transactions have been eliminated from the consolidated financial statements.

In addition to the Agency's administrative office located in Dover, the Agency maintains its outreach capacity by operating program offices in Farmington, Milton, Rochester, Dover and Somersworth. The Agency is funded by Federal, state, county and local funds, as well as United Way grants, public utilities, foundation and charitable grant funds, fees for service, private business donations, and donations from individuals. The Agency is governed by a tripartite board of directors made up of elected officials, community leaders from for-profit and non-profit organizations and residents who are low income. The board is responsible for assuring that the Agency continues to assess and respond to the causes and conditions of poverty in its community, achieve anticipated family and community outcomes, and remain administratively and fiscally sound. The Agency administers a wide range of coordinated programs to more than 15,000 people annually, and the programs are designed to have a measurable impact on poverty and health status among the most vulnerable residents: those under the age of 6, the elderly and those living in poverty. This coordinated approach is accomplished by providing a broad array of services that are locally defined, planned and managed with community agencies.

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NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022

Basis of Accounting

The consolidated financial statements have been prepared using the accrual basis of accounting in accordance with Generally Accepted Accounting Principles (GAAP) of the United States.

Financial Statement Presentation

The consolidated financial statements have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Agency to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Agency. These net assets may be used at the discretion of the Agency's management and board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Agency or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

At December 31, 2023 and 2022, the Agency had net assets without donor and with donor restrictions.

Refundable Advances

Grants received in advance are recorded as refundable advances and recognized as revenue in the period in which the related services are performed or expenditures are incurred.

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Contributions
All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for future periods or for specific purposes are reported as temporarily restricted or permanently restricted support, depending on the nature of the restriction. However, if a restriction is fulfilled in the same period in which the contribution is received, the Agency reports the support as unrestricted.

Contributed Services
Donated services are recognized as contributions in accordance with FASB ASC No. 958, *Accounting for Contributions Received and Contributions Made,* if the services (a) create or enhance non-financial assets or (b) require specialized skills and would otherwise be purchased by the Agency.

Volunteers provided various services throughout the year that are not recognized as contributions in the financial statements since the recognition criteria under FASB ASC No. 958 were not met.

Fair Value of Financial Instruments
Unless otherwise indicated, fair values of all reported assets and liabilities that are financial instruments approximate the carrying values of such amounts.

Inventory
Inventory materials are fixtures for installation and recorded at cost or net realizable value or if donated, at approximate fair value at date of donation, using the first-in, first-out method.

Property and Depreciation
Property and equipment, which have a cost greater than $5,000, are capitalized at cost or, if donated, at the approximate fair value at the date of donation. Specific grants and awards may have a threshold lower than this amount and that program will abide by those guidelines. Assets are depreciated over their estimated useful lives using the straight-line method as follows:

Buildings and improvements	15 - 40 years
Furniture, equipment and machinery	3 - 10 years
Vehicles	5 - 7 years

Depreciation expense aggregated $248,629 and $239,035 for the years ended December 31, 2023 and 2022, respectively.

Accrued Earned Time
The Agency has accrued a liability of $193,093 and $205,528 at December 31, 2023 and 2022, respectively, for future compensated leave time that its employees have earned and which is vested with the employee.

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Income Taxes
The Agency is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. The Internal Revenue Service has determined the Agency to be other than a private foundation. The Agency is also exempt from the New Hampshire Business Enterprise Tax.

Accounting Standard Codification No. 740, "Accounting for Income Taxes", establishes the minimum threshold for recognizing, and a system for measuring, the benefits of tax return positions in financial statements. Management has analyzed the Agency's tax position taken on its information returns for the previous three tax years and has concluded that no additional provision for income taxes is necessary in the Agency's financial statements.

Cash and Cash Equivalents
The Agency considers all highly liquid financial instruments with original maturities of three months or less to be cash equivalents.

Revenue Recognition Policy
The Agency derives revenue from grants, fees for services, donations, public support, and fundraising. Revenues are recognized when control of these services are transferred to customers, in an amount that reflects the consideration the Agency expects to be entitled to in exchange for those services. Cost incurred to obtain a contract will be expensed as incurred when the amortization period is less than a year.

Academy Street derives revenue from the rental of apartment units. Revenues are recognized as income, monthly, when rents become due and control of the apartment units is transferred to the lessees. Control of the leased units is transferred to the lessee in an exchange for the leased units. The cost incurred to obtain a lease will be expensed as incurred.

Use of Estimates
The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Expenses
The Agency expenses advertising costs as they are incurred. Total advertising costs for the years ended December 31, 2023 and 2022 amounted to $10,426 and $72,759, respectively.

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Debt Issuance Costs

As required under FASB Accounting Standards Update No. 2015-03, amortization expense for the years ended December 31, 2023 and 2022 amounted to $3,376 and has been included with interest expense in the consolidated statement of activities for each year. The unamortized deferred financing costs have been included as a reduction of the long term debt (see Note 10).

In-kind Donations

The Agency pays below-market rent for the use of certain facilities. In accordance with generally accepted accounting principles, the difference between amounts paid for the use of the facilities and the fair value of the rental space has been recorded as an in-kind donation and as an in-kind expense in the accompanying consolidated financial statements. The estimated fair value of the donation was determined to be $103,356 and $14,772 for the years ended December 31, 2023 and 2022, respectively.

The Agency also receives contributed food commodities and other goods that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these food commodities and goods was determined to be $457,049 and $116,368, respectively, for the year ended December 31, 2023. For the year ended December 31, 2022, the estimated fair value of these food commodities and goods was determined to be $968,268 and $5,040, respectively.

The Agency also receives contributed professional services and volunteer time that are required to be recorded in accordance with FASB ASC No. 958. The estimated fair value of these services was determined to be $90,451 for the year ended December 31, 2023. There were no contributed professional services for the year ended December 31, 2022.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Occupancy costs have been grouped and allocated to the programs as a line item. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

Expense	Method of allocation
Salaries and benefits	Time and effort
Occupancy	Square footage/revenues
Depreciation	Square footage
All other expenses	Approved indirect rate

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New Accounting Pronouncement

At the beginning of 2023, the Organization adopted FASB ASU 2016-13, *Financial Instruments–Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which modifies the measurement of expected credit losses on certain financial instruments. The Agency adopted this new guidance utilizing the modified retrospective transition method. The adoption of this Standard did not have a material impact on the Agency's financial statements.

NOTE 2. PROPERTY

As of December 31, 2023 and 2022, property consisted of the following:

	2023	2022
Land, buildings and improvements	$ 6,900,857	$ 6,181,672
Furniture, equipment and machinery	418,949	398,645
Vehicles	315,682	350,136
Total	7,635,488	6,930,453
Less accumulated depreciation	1,261,148	1,125,834
Net property	$ 6,374,340	$ 5,804,619

NOTE 3. RESTRICTED CASH BALANCES

Certain cash accounts have been established and are being funded in accordance with a regulatory agreement entered into between Academy Street and New Hampshire Housing as discussed below. All reserves are required to be held in qualified New Hampshire financial institutions that are insured by the FDIC.

Operating Reserve

Under the regulatory agreement, Academy Street is required to establish an operating reserve. The operating reserve was funded properly during the years ended December 31, 2023 and 2022.

Replacement Reserve

Under the regulatory agreement, Academy Street is required to set aside amounts for the replacement of property and other expenditures approved by New Hampshire Housing. Additionally, Academy Street is required to make monthly payments to the reserve. The reserve was properly funded during 2023 and 2022.

Insurance and Real Estate Tax Escrows
Academy Street is required to establish a reserve to fund tax and insurance payments in the project. Amounts are to be deposited on a monthly basis to accrue a sufficient balance to pay future tax and insurance bills of the project. As of December 31, 2023 and 2022, the balance in the reserves for tax and insurance escrows was properly funded.

NOTE 4. LIQUIDITY AND AVAILABILITY

The following represents the Agency's financial assets as of December 31, 2023 and 2022:

	2023	2022
Financial assets at year end:		
Cash and cash equivalents	$ 1,806,373	$ 1,355,108
Accounts receivable	1,875,336	2,556,852
Contributions receivable	20,000	50,000
Due from Gafney Home, L.P.	519,890	-
Restricted cash	36,215	29,455
Total financial assets	4,254,814	3,991,415
Less amounts not available to be used within one year:		
Restricted cash	36,215	29,455
Board designated funds	-	307,315
Financial assets available to meet general expenditures over the next twelve months	$ 4,221,599	$ 3,654,645

The Agency's goal is generally to maintain financial assets to meet 30 days of operating expenses. As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts.

NOTE 5. ACCOUNTS RECEIVABLE

Accounts receivable are stated at the amount management expects to collect from balances outstanding at year end. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The Agency uses historical loss information based on the aging of receivables as the basis to determine expected credit losses for receivables and believes that the composition of receivables at year-end is consistent with historical conditions.

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The allowance for uncollectible accounts was estimated to be zero at December 31, 2023 and 2022. The Agency has no policy for charging interest on overdue accounts.

NOTE 6. CONTRIBUTIONS RECEIVABLE

Contributions receivable represent promises to give, which have been made by donors but have not yet been received by the Agency. The Agency considers contributions receivable to be fully collectible; accordingly, no allowance for contributions receivable has been recorded.

Total unconditional promises to give were as follows at December 31, 2023 and 2022:

	2023	2022
Within one year	$ 20,000	$ 30,000
In two to five years	-	20,000
	$ 20,000	$ 50,000

NOTE 7. DUE FROM GAFNEY HOME, L.P.

Gafney Home, L.P. (Gafney) is a low-income housing tax credit property. The general partner (0.01%) of Gafney is 100% owned by the Agency. The $519,890 included in due from Gafney Home, L.P. on the consolidated statement of financial position for the year ended December 31, 2023 represents amounts that the Agency has paid on behalf of Gafney for the construction that is underway.

NOTE 8. PLEDGED ASSETS

As described in **Note 9**, all assets of the Agency are pledged as collateral under the Agency's demand note payable agreement. As described in **Note 10**, the building of the Agency is pledged as collateral under the Agency's mortgage note payable agreement.

NOTE 9. DEMAND NOTE PAYABLE

The Agency has available a revolving line of credit with a bank in the amount of $750,000. Prior to November 2023, $250,000 was the amount available on the revolving line of credit. The note is payable upon demand. Interest is stated at the prime rate plus 1% which resulted in an interest rate of 9.50% at December 31, 2023 and 8.50% at December 31, 2022. The note is collateralized by all the assets of the Agency. There was no outstanding balance on the demand note payable as of December 31, 2023 and 2022.

NOTE 10. LONG TERM DEBT

The long term debt at December 31, 2023 and 2022 consisted of the following:

	2023	2022
Mortgage payable to Kennebunk Savings Bank which had interest only payments for 36 months followed by principal and interest payments for 264 months. During the year ended December 31, 2022 the note was refinanced to a fixed interest rate of 4.25% for the first ten years resulting in monthly principal and interest payments of $11,170. On April 26, 2032, and on that date every year thereafter, principal and interest payments will adjust to 1.50% above the highest U.S Prime Rate as published in the Wall Street Journal on the applicable change date, with a floor rate of 4%. The note matures in 2043. The mortgage payable is secured by real estate.	$ 1,790,164	$ 1,846,509
5.00% notes payable to the New Hampshire Community Loan Fund with monthly principal and interest payments of $3,251, maturing October 2037. The notes are secured by real estate.	387,745	406,854
Note payable to New Hampshire Housing Finance Authority. The note is not subject to interest or principal amortization and will be forgiven in 2028 provided that the property is used for transitional housing. The note is secured by real estate.	225,000	-
Non-interest bearing note payable to New Hampshire Housing deferred until April 21, 2060 or until the project is sold, refinanced or surplus cash is available. The note is secured by real estate.	785,889	785,889

	2023	2022
Non-interest bearing note payable to New Hampshire Housing deferred until July 1, 2051 or until the project is sold, refinanced or surplus cash is available. The note is secured by real estate.	25,755	25,755
Total long term debt before current portion of long term debt and unamortized debt issuance costs	3,214,553	3,065,007
Current portion of long term debt	(99,121)	(95,690)
Unamortized debt issuance costs	(57,457)	(60,833)
Total long term debt	$ 3,057,975	$ 2,908,484

The schedule of maturities of long term debt at December 31, 2023 is as follows:

Year Ended December 31	Amount
2024	$ 99,121
2025	82,809
2026	86,562
2027	90,488
2028	319,591
Thereafter	2,535,982
Total	$ 3,214,553

NOTE 11. NET ASSETS

At December 31, 2023 and 2022, net assets with donor restrictions consisted of the following:

	2023	2022
Whole family	$ 39,286	$ 42,755
COVID related	-	120,546
Fuel assistance	136,699	142,484
Total	$ 175,985	$ 305,785

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At December 31, 2023 and 2022, net assets without donor restrictions consisted of the following:

	2023	2022
Undesignated	$ 5,253,075	$ 4,327,547
Board designated	-	307,315
Total net assets without donor restrictions	$ 5,253,075	$ 4,634,862

NOTE 12. OPERATING LEASES

Facilities occupied by the Agency for its community service programs are rented under the terms of various leases with expiration dates through 2032. For the years ended December 31, 2023 and 2022, the annual lease/rent expense for the leased facilities was $69,901 and $90,501, respectively.

The Agency accounts for its operating leases under ASU 2016-02, *Leases (Topic 842)*. As such, the right of use (ROU) assets represent the Agency's right to use underlying assets for the lease term, and the lease liabilities represent the Agency's obligation to make lease payments arising from these leases. The ROU assets and lease liabilities, all of which arise from operating leases, were calculated based on the present value of future lease payments over the lease terms. The discount rate related to the Agency's lease liability as of December 31, 2023 was 3.75%, which is based upon the risk-free borrowing rates commensurate with the lease terms. At December 31, 2023, the ROU asset and lease liability is $81,312. At December 31, 2022, the ROU asset and lease liability is $146,825.

The weighted average lease term at December 31, 2023 is 5.44 years. The weighted average discount rate at December 31, 2023 is 3.75%.

Common expenses, classified as occupancy costs in the accompanying consolidated financial statements, are considered a non-lease component under FASB ASC 842 and are recognized as costs as incurred.

Academy Street leases property from the Agency under a lease agreement for an annual rent amount of $1. The lease expires during April 2045. Unless either party serves the other with a 180 day written notice prior to the expiration of the initial term, at the end of the initial term, the lease shall be automatically extended for an additional 25 year term.

Lease liability maturities as of December 31, 2023 is as follows:

Year Ending December 31	Amount
2024	$ 38,401
2025	6,901
2026	6,901
2027	6,901
2028	6,901
Thereafter	24,144
Total undiscounted lease liability	90,149
Less imputed interest	(8,837)
Total lease liability	$ 81,312

NOTE 13. RETIREMENT PLAN

The Agency maintains a 403(b) Plan and Trust (the Plan) covering substantially all employees. Employee contributions to the Plan are made at predetermined rates elected by employees. Additionally, the Agency provides a matching contribution equal to 25% of the employee's contribution up to 5% of the employee's compensation. Effective April 1, 2016, the Agency instituted an auto enrollment feature mandating a minimum 1% employee contribution; however, employees reserve the right to decline the auto enrollment. Employer matching contributions for the years ended December 31, 2023 and 2022 totaled $33,241 and $32,526, respectively.

NOTE 14. CONCENTRATION OF RISK

The Agency receives a majority of its support from federal and state governments. For the years ended December 31, 2023 and 2022, approximately 89% and 96%, respectively, of the Agency's total revenue was received from federal and state governments. If a significant reduction in the level of support were to occur, it would have a significant effect on the Agency's programs and activities.

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NOTE 15. CONCENTRATION OF CREDIT RISK

The Agency maintains its cash balances at several financial institutions in New Hampshire. The balances are insured by the Federal Deposit Insurance Corporation up to $250,000. The Agency maintains an agreement with its primary financial institution to collateralize the balances in excess of $250,000.

NOTE 16. CONTINGENCIES

The Agency receives grant funding from various sources. Under the terms of these agreements, the Agency is required to use the funds within a certain period and for purposes specified by the governing laws and regulations. If expenditures were found not to have been made in compliance with the laws and regulations, the Agency might be required to repay the funds. No provisions have been made for this contingency because specific amounts, if any, have not been determined or assessed as of December 31, 2023 and 2022.

NOTE 17. RENTAL INCOME RECEIVABLE

During the year ended December 31, 2023, and subsequent to year end, Academy Street entered into four separate rental agreements for use of their four apartments. The rental agreements have differing expirations ranging from April 2024 through April 2025. Monthly payments for the agreements ranged from $1,168 to $1,394 and are due the first day of each month. At December 31, 2023 and 2022, $2,587 and $1,412, respectively, is outstanding from tenants for rent and is included in accounts receivable in the accompanying consolidated statements of financial position.

The approximate future rental payments owed on the above leases are as follows:

Year Ended December 31	Amount
2024	$ 51,598
2025	15,824
Total	$ 67,422

NOTE 18. ACQUISITION OF PROPERTY AND LAND

During the year ended December 31, 2023, the Agency acquired property and land relating to a transitional housing program from another nonprofit organization. The value of the building and land received in the acquisition totaled $675,570 and $269,944, respectively.

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As part of the acquisition of the property and land, the Agency also acquired the related note payable of $225,000, payable to New Hampshire Housing Finance Authority (see **Note 10**). The Agency has been running the operations of the transitional housing program since the acquisition.

NOTE 19. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through June 5, 2024, the date the consolidated financial statements were available for issuance.

Subsequent to year end, on May 1, 2024, the Agency acquired the Home for Now Shelter, which is a homeless center in Strafford County, from another nonprofit organization. The value of the property acquired totaled $1,502,600. The Agency will acquire all other remaining assets from the nonprofit organization once their dissolution is finalized.

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATING STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2023

	Community Action Partnership of Strafford County	Academy Street Family Housing, LLC	Total	Consolidating Adjustments	Consolidated
ASSETS					
CURRENT ASSETS					
Cash and cash equivalents	$ 1,742,370	$ 64,003	$ 1,806,373	$ -	$ 1,806,373
Accounts receivable	1,872,749	2,587	1,875,336	-	1,875,336
Contributions receivable	20,000	-	20,000	-	20,000
Due from affiliate	5,065	-	5,065	(5,065)	-
Due from Gafney Home, L.P.	519,890	-	519,890	-	519,890
Inventory	413,604	-	413,604	-	413,604
Prepaid expenses	11,972	-	11,972	-	11,972
Total current assets	4,585,650	66,590	4,652,240	(5,065)	4,647,175
NONCURRENT ASSETS					
Restricted cash	-	36,215	36,215	-	36,215
Security deposits	5,172	3,203	8,375	-	8,375
Property, net of accumulated depreciation	5,536,103	838,237	6,374,340	-	6,374,340
Other noncurrent assets	25,503	-	25,503	-	25,503
Right of use asset	81,312	-	81,312	-	81,312
Total noncurrent assets	5,648,090	877,655	6,525,745	-	6,525,745
TOTAL ASSETS	$ 10,233,740	$ 944,245	$ 11,177,985	$ (5,065)	$ 11,172,920
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Current portion of long term debt	$ 79,216	$ 19,905	$ 99,121	$ -	$ 99,121
Accounts payable	1,290,169	5,336	1,295,505	-	1,295,505
Accrued payroll and related taxes	128,546	-	128,546	-	128,546
Accrued compensated absences	193,093	-	193,093	-	193,093
Due to affiliate	-	5,065	5,065	(5,065)	-
Refundable advances	849,145	-	849,145	-	849,145
Other current liabilities	36,292	17	36,309	-	36,309
Current portion of right of use liability	36,264	-	36,264	-	36,264
Total current liabilities	2,612,725	30,323	2,643,048	(5,065)	2,637,983
NONCURRENT LIABILITIES					
Long term debt, less current portion shown above	2,281,290	776,686	3,057,976	-	3,057,976
Security deposits	-	2,853	2,853	-	2,853
Right of use liability, less current portion shown above	45,048	-	45,048	-	45,048
Total noncurrent liabilities	2,326,338	779,539	3,105,877	-	3,105,877
Total liabilities	4,939,063	809,862	5,748,925	(5,065)	5,743,860
NET ASSETS					
Without donor restrictions	5,118,692	134,383	5,253,075	-	5,253,075
With donor restrictions	175,985	-	175,985	-	175,985
Total net assets	5,294,677	134,383	5,429,060	-	5,429,060
TOTAL LIABILITIES AND NET ASSETS	$ 10,233,740	$ 944,245	$ 11,177,985	$ (5,065)	$ 11,172,920

See Notes to Financial Statements

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY AND AFFILIATE

CONSOLIDATING STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2023

	Community Action Partnership of Strafford County	Academy Street Family Housing, LLC	Consolidated
CHANGE IN NET ASSETS			
REVENUES AND OTHER SUPPORT			
Grant revenue	$ 16,787,565	$ -	$ 16,787,565
Fees for service	3,030,181	-	3,030,181
Rent revenue	-	65,397	65,397
Public support	361,132	-	361,132
In-kind donations	767,224	-	767,224
Interest	235	854	1,089
Fundraising	227,539	-	227,539
Other revenue	31,951	-	31,951
Loss on disposal of property	(79,338)	-	(79,338)
Total revenues and other support	21,126,489	66,251	21,192,740
EXPENSES			
Program services			
Child services	5,618,514	-	5,618,514
Community services	1,213,031	-	1,213,031
Energy assistance	4,088,771	-	4,088,771
Housing	5,392,053	83,088	5,475,141
Weatherization	3,309,103	-	3,309,103
Total program services	19,621,472	83,088	19,704,560
Supporting activities			
Management and general	1,522,812	-	1,522,812
Fundraising	197,469	-	197,469
Total expenses	21,341,753	83,088	21,424,841
CHANGE IN NET ASSETS BEFORE ACQUISITION OF PROPERTY AND LAND	(215,264)	(16,837)	(232,101)
ACQUISITION OF PROPERTY AND LAND	720,514	-	720,514
CHANGE IN NET ASSETS	505,250	(16,837)	488,413
NET ASSETS, BEGINNING OF YEAR	4,789,427	151,220	4,940,647
NET ASSETS, END OF YEAR	$ 5,294,677	$ 134,383	$ 5,429,060

See Notes to Financial Statements

Docusign Envelope ID: 236FC02D-060B-4B59-9E42-DC3A9333B82C

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2023

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Agriculture					
Child and Adult Care Food Program	10.558	State of New Hampshire Department of Education	4300-ZZZ		$ 124,548
Child Nutrition Cluster					
Summer Food Service Program for Children	10.559	State of New Hampshire Department of Education	4300-ZZZ	$ 90,893	
National School Lunch Program	10.555	State of New Hampshire Department of Education	At-Risk After School Care Centers	42,223	139,116
Food Distribution Cluster:					
Emergency Food Assistance Program	10.569	Belknap-Merrimack Community Action Partnership	None	1,000	
Emergency Food Assistance Program (Food Commodities)	10.569	Belknap-Merrimack Community Action Partnership	None	457,046	458,046
Total U.S. Department of Agriculture					$ 721,711
U.S. Department of Housing and Urban Development					
Supportive Housing for the Elderly	14.157	Dover Housing Authority	Dover Housing Authority		$ 31,433
CDBG Entitlement Grants Cluster					
Community Development Block Grants / Entitlement Grants	14.218	City of Dover, New Hampshire	City of Dover	47,431	
Community Development Block Grants / Entitlement Grants	14.218	City of Rochester, New Hampshire	City of Rochester	97,897	145,328
CV - Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7927	134,363	
Emergency Solutions Grant Program	14.231	State of New Hampshire Department of Health and Human Services	05-95-42-423010-7927	87,098	221,461
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services	SS-2020-BHS-04FERNA-11	111,064	
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		230,377	
Continuum of Care	14.267	State of New Hampshire Department of Health and Human Services		232,573	574,014
Supportive Housing Program	14.235	State of New Hampshire Department of Health and Human Services	010-092-7176-102-0415		22,915
Total U.S. Department of Housing and Urban Development					$ 995,151
U.S Department of Homeland Security					
Emergency Food and Shelter National Program	97.024	United Way	593800-035		$ 4,600
Total U.S. Department of Homeland Security					$ 4,600
U.S. Department of Energy					
Bil. - Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	02-52-52-520010-XXXX0000-074-50	371,634	
Weatherization Assistance for Low-Income Persons	81.042	State of New Hampshire Governor's Office of Energy & Community Services	01-02-02-024010-7706-074-500587	177,515	$ 549,149
Total U.S. Department of Energy					$ 549,149
U.S. Department of the Treasury					
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA		1,564,073	
Emergency Rental Assistance Program	21.023	State of New Hampshire, NHHFA	HSS	183,044	$ 1,747,117
Coronavirus State and Local Fiscal Recovery Funds	21.027	State of New Hampshire, NHHFA			2,518,503
Total U.S. Department of the Treasury					$ 4,265,620

See Notes to Schedule of Expenditures of Federal Awards

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED DECEMBER 31, 2023

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/PROGRAM TITLE	ASSISTANCE LISTING NUMBER	PASS-THROUGH GRANTOR'S NAME	GRANTOR'S NUMBER	FEDERAL EXPENDITURES	
U.S. Department of Health & Human Services					
Aging Cluster					
Special Programs for the Aging - Title III, Part B	93.044	State of New Hampshire Department of Health and Human Services, NTS	05-95-48-48010-79720000-512-500352		$ 19,610
Maternal, Infant, Early Childhood Homevisiting Program	93.870	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5890		267,195
Foster Care - Title IV - E	93.658	State of New Hampshire Department of Health and Human Services, DPH, BPHCS, Maternal & Health Section	05-95-90-902010-5897		205,598
Promoting Safe and Stable Families	93.556	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29730000-102-500734-42107306		34,503
Temporary Assistance for Needy Families	93.558	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-045-450010-61460000-502-500891-42106603		60,862
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	3,692,755	
Low-Income Home Energy Assistance	93.568	State of New Hampshire Governor's Office of Energy & Planning	01-02-02-024010-77050000-074-500587	301,306	3,994,061
Low-Income Water Assistance Program	93.499	State of New Hampshire Governor's Office of Energy & Planning	02-52-52-52010-19880000-500587		66,413
Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	010-045-7148-093-0415	234,452	
Community Services Block Grant	93.569	Southern NH Services	RPIC	7,463	
CV-Community Services Block Grant	93.569	State of New Hampshire, DHHS, DFA	G-19B1NHCOSR	76,862	318,777
CCDF Cluster					
ARPA - Child Care and Development Block Grant	93.575	State of New Hampshire, DHHS	177200		354,682
Head Start Cluster					
Head Start	93.600	Direct Funding	01CH01149602 & 603, 01HP00025002	3,811,764	
CV - Head Start	93.600	Direct Funding	01CH01149601C3, 01HE00051501C6	144,403	4,056,167
Substance Abuse and Mental Health Services Administration	93.243	Hope on Haven Hill	H79TI084759		40,136
Special Programs for the Aging, Title III, Part D, Disease Prevention and Health Promotion Services	93.043	National Council on Aging	90HDRC008		3,774
Social Services Research and Demonstration	93.647	State of New Hampshire, DHHS, Division for Children, Youth and Families	9EDA0017		1,755
Maternal and Child Health Services Block Grant to States	93.994	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-090-51000000-102-500731-90004009		9,202
Stephanie Tubbs Jones Child Welfare Program	93.645	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29680000-102-500734-42106602		1,365
Social Services Block Grant	93.667	State of New Hampshire, DHHS, Division for Children, Youth and Families	05-095-042-421010-29650000-102-500734-42106603		129,421
Total U.S. Department of Health & Human Services					$ 9,583,701
TOTAL					$ 18,099,832

See Notes to Schedule of Expenditures of Federal Awards

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED DECEMBER 31, 2023

NOTE 1. BASIS OF PRESENTATION

The accompanying schedule of expenditures of Federal Awards (the Schedule) includes the federal award activity of Community Action Partnership of Strafford County under programs of the federal government for the year ended December 31, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Community Action Partnership of Strafford County, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Agency.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

NOTE 3. INDIRECT COST RATE

Community Action Partnership of Strafford County has elected not to use the ten percent de minimis indirect cost rate allowed under the Uniform Guidance.

NOTE 4. FOOD DONATION

Nonmonetary assistance is reported in the Schedule at the fair value of the commodities received and disbursed.

NOTE 5. SUBRECIPIENTS

Community Action Partnership of Strafford County had no subrecipients for the year ended December 31, 2023.

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Community Action Partnership of Strafford County

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Community Action Partnership of Strafford County (a New Hampshire nonprofit organization) and Affiliate, which comprise the consolidated statements of financial position as of December 31, 2023 and 2022, and the related consolidated statements of activities, functional expenses, and cash flows, and the related notes to the consolidated financial statements, and have issued our report thereon dated June 5, 2024.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Community Action Partnership of Strafford County's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control. Accordingly, we do not express an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We identified a deficiency in internal control, described in the accompanying schedule of findings and questioned costs as item 2023-001, that we consider to be a significant deficiency.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Community Action Partnership of Strafford County's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Leone, McDonnell & Roberts
Professional Association

Dover, New Hampshire
June 5, 2024

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

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

To the Board of Directors of
Community Action Partnership of Strafford County

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Community Action Partnership of Strafford County's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Community Action Partnership of Strafford County's major federal programs for the year ended December 31, 2023. Community Action Partnership of Strafford County's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Community Action Partnership of Strafford County complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

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We are required to be independent of Community Action Partnership of Strafford County and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Community Action Partnership of Strafford County's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Community Action Partnership of Strafford County's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Community Action Partnership of Strafford County's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Community Action Partnership of Strafford County's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Community Action Partnership of Strafford County's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Community Action Partnership of Strafford County's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Community Action Partnership of Strafford County's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Leal, McDonnell & Roberts
Professional Association

Dover, New Hampshire
June 5, 2024

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COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED DECEMBER 31, 2023

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the consolidated financial statements of Community Action Partnership of Strafford County and Affiliate were prepared in accordance with GAAP.

2. One significant deficiency relating to the audit of the consolidated financial statements is reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.* No material weaknesses are reported.

3. No instances of noncompliance material to the financial statements of Community Action Partnership of Strafford County, which would be required to be reported in accordance with *Government Auditing Standards*, were disclosed during the audit.

4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance.* No material weaknesses are reported.

5. The auditors' report on compliance for the major federal award programs for Community Action Partnership of Strafford County expresses an unmodified opinion on all major federal programs.

6. There were no audit findings that would be required to be reported in accordance with 2 CFR section 200.516(a).

7. The programs tested as major were: U.S. Department of Health and Human Services, Low Income Home Energy Assistance Program, ALN 93.568 and U.S. Department of the Treasury, Emergency Rental Assistance Program, ALN 21.023, Coronavirus State and Local Fiscal Recovery Funds, ALN 21.027, U.S Department of Energy, Weatherization Assistance for Low-Income Persons, ALN 81.042.

8. The threshold used for distinguishing between Type A and B programs was $750,000.

9. Community Action Partnership of Strafford County was determined to not be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

2023-001

Condition: Accounts receivable was not reconciled to the aging report and uncollectible amounts were not written off timely. Bad debt expense was recognized in the current year as a result.

Criteria: Internal controls should be in place to ensure that accounts receivable are reconciled frequently to the aging report and accounts receivable are reviewed for collectability regularly. This reconciliation should be reviewed and approved by the CFO.

Cause: There has been a great deal of staff turnover in the Agency and the difficulty in hiring qualified people into the fiscal department has made proper accounting controls hard to achieve.

Effect: An entry in the amount of $97,154 was posted to the current year bad debt expense. As nearly all accounts receivable is driven by billing for expenses under grants, it is normally deemed 100% collectible. As such, revenue in a prior year was overstated by the $97,154.

Recommendation: We recommend that accounts receivable be reviewed regularly and any amounts that are deemed uncollectible are written off timely and/or establish an allowance for doubtful accounts. We also recommend that procedures are implemented to ensure that monthly reconciliations for accounts receivable are being performed in a timely manner.

Views of Responsible Officials and Planned Corrective Actions: As previously discussed during the fieldwork and noted in the report, staff turnover at CAPSC caused delays in some reconciliations due to training and hiring processes. There were no incorrect actions or processes; the delay in writing off outstanding accounts receivable was primarily due to staff turnover. With our newly completed fiscal team, we are now positioned to thoroughly research and resolve all outstanding accounts receivable balances. We are confident that our established procedures for monthly reviews and follow-up activities will effectively address this issue.

C. FINDINGS AND QUESTIONED COSTS – MAJOR FEDERAL AWARD PROGRAMS AUDIT

None

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Community Action PARTNERSHIP of Strafford County

Administrative Office:
577 Central Avenue, Suite 10
Dover, NH 03820
603-435-2500

Early Childhood Education Centers:
577 Central Avenue, Suite 50
Dover, NH 03820
603-285-9460

120 Main Street
Farmington, NH 03835
603-755-2883

150 Wakefield Street, Suite 117
Rochester, NH 03867
603-285-9461

46 Stackpole Road
Somersworth, NH 03878
603-817-5458

Family Resource Centers:
577 Central Ave, Suite 50
Dover, NH 03820
603-435-2500

10 Cold Spring Manor
Rochester, NH 03867
603-435-2500

Outreach Office:
577 Central Avenue, Suite 20
Dover, NH 03820
603-435-2500

10 Cold Spring Manor
Rochester, NH 03867
603-435-2500

Food Pantries:
577 Central Avenue, Suite 10
Dover, NH 03820
603-435-2500

10 Cold Spring Manor
Rochester, NH 03867
603-435-2500

2024 Board of Directors

Executive Committee

Terry Jarvis ~ Chair
Jean Miccolo ~ Treasurer
Alan Brown ~ Secretary

Board Members

Heather Blumenfeld
Anthony M. Carr
Leah Crouser
Nicki Gearwar
Robert Harrington
Katrin Kasper
Sarah Kuhl
Christine McCluskey
Brandi McKay-Berry
Ian Oneail
James Rathbun
Maureen Staples
Mark Toussaint
Steve Trozinski
Robert Warach
Roxanne Osgood
Bekki Carlson

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Tanisha Johnson, Child and Family Services Director
Community Action Partnership of Strafford County
[redacted]

Work Experience

Child and Family Services Director, Community Action Partnership of Strafford County, Dover, NH, 2020 – Present

- Orchestrate overall operational and fiscal budgeting, grant writing and administration, contractual management, financial analysis, strategic planning, predictive analytics, and cross-functional collaboration and leadership for 2 childcare centers, and the Home Visiting Program
- Secured and oversees leadership for over $4 million dollars in federal funding and grants, actively prepares and writes grant applications
- Coaches, trains, and mentors 10 Managers, 2 Program Assistants, and staff members
- Charters RFP's, authors and optimizes website and media, researches community needs, cross-functionally collaborates with other child and family service organizations
- SME and spokesperson for Child and Family Services and legislative action ensure program adherence to Head Start/Early Head Start Program Performance Standards, Child Care Licensing Regulations, and the State of NH Home Visiting program compliance

Branch Director, Exeter Area YMCA, Exeter, NH, 2020 – 2020

- Spearheaded all daily operations of The Exeter Area MCA including 114 team/department members and 7200 membership clients, including strategic planning, program management, and development, fiscal short- and long-term planning/budgeting ($2.5 million dollars annually), risk assessment/management, volunteer committee development, member retention and growth, and community relations and collaborations
- Conceptualized, authored, and secured a $10,000 Tufts Healthcare grant for a new Senior healthcare initiative
- Pioneered the creation of a virtual community during the COVID closure, generated a membership retention rate of 70%, developed 35+ virtual programs and classes, and donated to 50+ families in need
- Post-COVID SME for reopening, authored operational safety plan, staff training, mental health awareness, and adhered to all CDC and state guidelines

Associate Branch Director, Exeter Area YMCA, Exeter, NH, 2017 – 2020

Early Intervention Supervisor, Service Access & Management, 2015 – 2017

Early Intervention Program Manager, Service Access & Management, 2012 – 2015

Education/Certifications

Diversity and Inclusion in the Workplace, Cornell University

Master of Business Administration, Walden University

Bachelor of Science, Psychology, Walden University

Talk Saves Lives Certified Teacher AFSP

More Than Sad: Suicide Prevention Certified Teacher AFSP

Certified Spinning Instructor Mad Dogg Athletics

Cycle Instructor Certification AFAA

Pedals for Parkinson Cycle Certification

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Tanisha Johnson, Child and Family Services Director
Community Action Partnership of Strafford County
[redacted]

Organizations

Board Member, Robinwood Center, Stratham, NH, Nov 2020 – Present

Chairman of the Board & Co-Founder, Black Lives Matter – Seacoast Chapter of NH, 2020 – Present

Board Member, Racial Unity Team, Exeter NH, 2019 – 2020

Committee Chair, Racial Unity Team, Exeter, NH, Jan 2020 – Feb 2022

Project Manager for NH Humanities Grant, Racial Unity Team, Exeter, NH, Mar 2020 – Nov 2020

Vice-Chair, Racial Unity Team, Exeter, NH, Jan 2021 – Feb 2022

Board Member, Exeter AreUIn Program, Exeter, NH, 2018 – 2021

Interim Board President, Exeter AreUIn Program, Apr 2019 – Nov 2020

Board Member, SAU 16 Diversity Task Force, Exeter, NH, 2019 - 2021

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TERA FELIZ

[redacted]

EXPERIENCE

2022 – PRESENT

HFA SUPERVISOR, COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

- Works with the Home Visiting Manager and Outreach and Enrollment Coordinator to ensure full enrollment.
- Provides weekly supervision and support to HFA home visiting staff in Early Childhood Development, Prenatal Services, Family Support, Nutrition and Parenting in accordance with HFA program requirements.
- Participates in the orientation of all new HFA home visiting staff. Directly facilitates the professional growth of the home visitor.
- Maintains accurate and up-to date information about program policies and procedures, shares with HFA Home Visiting staff and ensures adherence to such policies and procedures.
- Ensures that all written and electronic records are complete and up to date.
- Regularly observes and documents the work of the HFA home visitors; monitors and maintains caseloads

2021– 2022

HOME VISITOR, COMMUNITY ACTION PARTNERSHIP OF STRAFFORD COUNTY

- Promoted healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school.
- Empowered families to advocate for themselves and their children, by collaborating with families and community agencies in the development of family centered and culturally diverse services.
- Used relationship-based approach with families that include empathetic understanding, genuine caring, problem solving, support, sensitive communication, and cultural awareness.
- Facilitated parents' participation in the development of an Individual Family Support Plan as a tool for family goal accomplishment. Updated with family on an ongoing basis.
- Supported parents who are experiencing social, emotional, physical and mental health related problems that interfere with their ability to parent.
- Promoted safe, nurturing environments for children by educating parents in child development, child health, safety and parenting skills.
- Helped families learn healthy coping skills that will assist them in their everyday lives.
- Helped families deal with crisis situations.
- Enhanced family development by assisting parents to further their education, find employment and access community resources.

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2019 – 2020

CLINICAL SUPERVISOR, YOUTH VILLAGES

- Supervised a team that consisted of 4-5 Family Intervention Specialists and their individual caseloads of 3-5 families.
- Reviewed treatment plans weekly and provided feedback to ensure quality standards and adherence to contractual requirements were being met.
- Participated in weekly meetings with Clinical Consultant and specialists to review treatment plans, share case updates, address case concerns, and discuss treatment plan objectives, interventions, and goals for the upcoming treatment cycle.
- Ensured that specialists met documentation and deadline expectations.
- Provided regular check-ins, reviews, and support for specialists, in addition to weekly development meetings and supervision.
- Conducted monthly field visits with the specialist and the families to ensure needs were being met and problem-solve any issues and concerns.
- Attended monthly team meetings with the specialist, families, and collaterals to review and discuss treatment progress and planning.

2018 – 2019

FAMILY INTERVENTION SPECIALIST, YOUTH VILLAGES

- Provided intensive in-home services for at-risk youth and their families three times a week on assigned caseloads consisting of 5 families.
- Completed initial assessments with the youth and family in order to complete the psycho-social assessment, create individual safety and crisis- response plans, and identify goals to target when creating treatment plans.
- Implemented interventions with the youth, family, schools, and outside community supports in order to increase interpersonal and pro-social skills.
- Provided case management services and customer relations with a focus on collaborative and ongoing contribution and engagement.
- Provided 24/7 on-call crisis response services on a rotating schedule.
- Completed Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) certification program.

2017 – 2018

RECOVERY SUPPORT WORKER, HOPE ON HAVEN HILL

- Provided direct care to pregnant or post-partum women who are seeking recovery from substance use disorder
- Maintained safety and supervised residents while they worked on parenting skills and adhered to program requirements and expectations.
- Worked within policies, procedures, and protocols as they related to the job, such as, but not limited to: Compliance with confidentiality and HIPAA rules as required by federal regulations, familiarity with paper client documentation, and communicating all relevant client concerns and issues to appropriate staff and direct supervisor.

2015 – 2017

ADULT COMMUNITY CASE MANAGER, PSL SERVICES

- Provided Case Management Services for Adults with Intellectual Disabilities and Autism in the State of Maine, by identifying service needs, finding services available to meet those needs, and facilitating access to those services to assist in improving individual opportunities to live a full life.

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- Conducted Intake/Assessments, Plan of Care Development, coordination/advocacy for the client, monitoring services and evaluating continuing/changing needs as they occur.
- Coordinating with local agencies and providers to ensure services are implemented as outlined by the Individual Plans of Care, focusing on community inclusion and employment opportunities.
- Overseeing funding sources and assisting clients with the process of applying, implementing, and ensuring eligibility for MaineCare funded services, and/or additional financial supports and resources.

2012 – 2013

FUNCTIONAL SUPPORT SPECIALIST, COMMUNITY PARTNERS

- Conducted weekly home, school and community-based visits to children and families to assist with delivering interventions through Family Support and Therapeutic Behavioral Services specified on individualized service plans
- Supported children and youth from ages 3-21 with a wide range of mental health, behavioral, and developmental issues while conducting assessments, observations, and developing and implementing treatment plan objectives
- Maintained daily client progress notes, quarterly reviews, and annual service plans and eligibilities as required by the State of New Hampshire
- Attended weekly supervision, staff meetings, and psychiatric referral, evaluation and progress meetings

2008 – 2012

DIRECT SUPPORT PROFESSIONAL, COMMUNITY PARTNERS

- Supported adults with disabilities in a day program designed to facilitate community integration, vocational rehabilitation, and skill-building
- Created and adhered to daily client schedules that included vocational, recreational, and social activities
- Maintained daily data reports and monthly anecdotal reports
- Attended required continuing education courses and staff development meetings in order to maintain current certification and learn updated program guidelines

2007 – 2008

ADOLESCENT COUNSELOR, DOVER CHILDREN'S HOME

- Worked as a team member in maintaining individualized treatment plans for coed youth ages 10-17
- Followed the guidelines of a structured behavior modification program and upheld daily charts and record-keeping

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EDUCATION

5/2015
MASTER OF ARTS IN HUMAN SERVICES COUNSELING, LIBERTY UNIVERSITY

5/2013
BACHELOR OF SCIENCE IN PSYCHOLGY, LIBERTY UNIVERSITY

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Maura Florian, HFA Home Visitor
Community Action Partnership of Strafford County

Work Experience

HFA Home Visitor, Community Action Partnership of Strafford County, Dover, NH, Jan 2023 – Present

Housing Stability Case Manager Lead, Community Action Partnership of Strafford County, Dover, NH, Dec 2021 – Jan 2023

- Create an action plan, based on the barriers that every client has as a family or as an individual
- Make sure that all the clients have the right documents needed for any referrals that need to be made
- Provide insight information to help the clients who are homeless and reaching the 18 months of the C-19 assistance
- Prevent eviction and homelessness by providing resources and screening for prevention services
- Provide referrals resources to all our clients and identify when a client need is urgent and in an emergency services situation, such as domestic violence
- Assist with the help of finding employment, applying for SNAP and so on
- Meet with client at least twice a month to talk about the action plan and their goals to see if they have done any improvements
- Write a case note for every interaction I have with client

Case Manager, One Sky Community Services, Portsmouth, NH, Nov 2020 – Dec 2020

- Ensure that the individual has a safe and secure place in which to live
- Ensure community opportunities for community involvement and integration
- Assist in finding and obtaining employment or other productive interests
- Identifying and implementing supportive solutions to obstacles that prevent them from living meaningful and productive lives in the community
- Identify and overcome gaps in resources

Family Worker, DHHS and DCYF, Rochester, NH, Mar 2020 – Nov 2020

Testing Center and PAX Center Paraprofessional, Dover High School, Dover, NH, Aug 2017 – Mar 2020

Education/Certifications

Master's in Psychology and Counseling, Child and Adolescent Development, Southern New Hampshire University, Hooksett, NH, Jul 2021 – Present

Bachelors in Professional Studies, Human Services, Metropolitan College of New York, New York, NY, Sep 2013 – May 2015

Certifications in CPI, CPR, First Aid and BLS

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Hannah Byrnes



Exceptionally hardworking and compassionate Human Service Worker with superb client satisfaction record and attention to detail. Adept at tailoring programs to individual client needs and preferences. Having gained experience as a DSP in a community based position and with a year of experience as a Personal Care Attendant, I strive for the independence of the client's. I am looking to get into a professional organization where I can grow.

Work Experience

Shift Supervisor

CVS Health - Rochester, NH
January 2022 to Present

Lna

Dover Rehab - Dover, NH
May 2018 to January 2022

Licensed Nurses Aide (CNA equivalent)
Worked closely with residence on the Memory Care unit. Managed the well-being of 8 – 10 residence suffering from sever memory disabilities, specifically Alzheimer and Dementia.
Performed nursing functions such as personal care, taking vital signs, and ambulation under a registered nurse supervision.
Assisted residence with use of the bathroom, feeding, bathing, dressing, and helped them to walk.
Promoted independence for those residence in recovery.
Treated all patients with care, compassion and respect.

Lna

EDGEWOOD CENTRE - Portsmouth, NH
September 2016 to May 2018

Licensed Nurses Aide (CNA equivalent)
Worked closely with residence on the Memory Care unit. Managed the well-being of 8 – 10 residence suffering from sever memory disabilities, specifically Alzheimer and Dementia.
Performed nursing functions such as personal care, taking vital signs, and ambulation under a registered nurse supervision.
Assisted residence with use of the bathroom, feeding, bathing, dressing, and helped them to walk.
Promoted independence for those residence in recovery.
Treated all patients with care, compassion and respect.

Direct Support Professional (DSP)

One Sky Services - Portsmouth, NH
August 2015 to September 2016

Caring for individuals with developmental disabilities.
Assisting them with meals, ADLs, ROM and other everyday needs.

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Transporting the individuals in the company vehicle, to various activities in the community.
Assisting them to be as independent as they are able to, while also supporting them to learn new things.

Personal Care Attendant
Right at Home - Plaistow, NH
February 2015 to August 2015

Personal Care Attendant
Comfort Keepers - Plymouth, NH
October 2014 to February 2015

Personal Care Attendant
Aging Excellence - Portsmouth, NH
August 2014 to October 2014

Customer Service
Jack-in-the-Box - Marysville, WA
February 2014 to August 2014

Cashier
Market Basket - Portsmouth, NH
September 2010 to September 2013

Education

Diploma
Portsmouth High School
June 2012

Skills

- Teaching
- Cooking
- CNA
- Cna Certified
- Certified Nursing Assistant
- Alzheimer's Care
- Caregiving
- Cleaning Experience
- Dementia Care
- Home Care
- Laundry
- Memory Care
- Vital Signs
- Teaching

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- Customer service
- Organizational skills
- Clinic
- Communication skills
- Leadership
- Budgeting
- Cash register
- Organizational skills
- Management
- Shift management

Certifications and Licenses

Certified Nursing Assistant (CNA)

Driver's License
August 2020 to February 2025

Additional Information

SKILLS
➢ Teaching clients independently living skills; cooking, cleaning, laundry
➢ Taking clients grocery shopping, doctor's appointments, social activities
➢ Provide positive reinforcement and display/role model
➢ Assist patients with ADL's; toileting and bathing
➢ Take and record patients' vital signs, specimens

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Dina Gagnon, Rapid Rehousing Case Manager
Community Action Partnership of Strafford County

Work Experience

Rapid Rehousing Case Manager, Community Action Partnership of Strafford County, Dover, NH, 2022 – Present

- Worked with placing the homeless in RRH program and helping them transition into independent living.

Staff, Strafford County Warming Center, NH, 2021 – 2022

- Worked as a staff member helping the homeless community keeping them warm and safe over the winter.

Owner, The Gathering Place Studio, Somersworth, NH, 2014 – Present

- *Owner, operator, and instructor*
- *Create classes and workshops for all ages and manage the schedule for other instructors*
- *Partner with local schools and organizations to teach enrichments*

Sales Associate, Westwind Gardens, Somersworth, NH, 2020 – Present

Staff Member, Somersworth Youth Connection, Somersworth, NH, 2016 – Present

Reset Team Member, Advantage Sale (Hannaford's), 2010 – 2014

Cleaning Service, FW Webb Dover, Dover, NH, 2000-2010

Organizations

Somersworth Festival Association

Tri City Homeless Taskforce

Fidelity Group

Local volunteering in schools and local organizations

Leadership Team Member, Seacoast Learning Center

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Arianna Newman, BA, MSW

Objective

I am seeking to re-enter the work force after having spent the last 3 years raising my two children; ages 3 and 15 months. While raising my oldest child I have participated in the New Hampshire Healthy Families program as a parent. I have a Master's degree in Social Work from Texas State University. I have experience working with children ages 3 – 18 and their parents in an in-home environment. I am searching for a meaningful career where I can grow and enhance my knowledge of social work practice and apply my lived experience as a parent to provide support to other parents navigating one of the most challenging and rewarding seasons of life.

Education

BACHELOR OF ARTS IN PSYCHOLOGY (BA) | WINTER 2014 | TEXAS STATE UNIVERSITY – SAN MARCOS, TX

MASTER'S OF SOCIAL WORK (MSW) | SUMMER 2018 | TEXAS STATE UNIVERSITY – SAN MARCOS, TX

Work Experience

FAMILY INTERVENTION SPECIALIST / YOUTH VILLAGES / NEW HAMPSHIRE / JANUARY 2019 – JANUARY 2020

- Maintained a 4-5 family caseload
- Used Youth Villages assessment tools collaboratively with families
- Utilized Youth Villages approved curriculum to develop treatment plans for children and their families
- Collaborated on treatment plans with clients and families
- Applied family systems theory to unique cases to develop goals and objectives
- Developed new treatment plans every two weeks to meet the ever-changing needs of clients and families
- Met with children and their families in their homes and in the community 3 times per week
- Taught life skills, taught anxiety management skills, taught anger management skills
- Utilized motivational interviewing techniques in cases involving domestic partner violence
- Collaborated with DCYF caseworkers, teachers, school administrators, group home counselors, CASA volunteers, and family members
- Documented sessions collaboratively with clients and their families
- Provided crisis intervention during sessions and on a on-call basis
- Wrote client reports for DCYF court cases and reported to a judge during court cases

Graduate Experience

INTERN | HYDER FAMILY HOSPICE HOUSE | DOVER, NH | MAY 2018 - AUGUST 2018 | 540 HRS

- Used assessment tools with families and patients

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- Evaluated family dynamics and strengths
- Collaborated with interdisciplinary teams
- Provided solution focused and narrative therapy for families and patients in crisis
- Allocated resources for families and patients
- Gathered appropriate documents for admission of new patients
- Conducted new admissions
- Operated Point Click note keeping system

INTERN | BLUE BONNET TRAILS COMMUNITY SERVICES | ROUND ROCK, TX | JANUARY 2017- MAY 2017 | 360 HRS

- Used research informed practices with children and adolescents
- Taught life skills to children and adolescents diagnosed with severe mental health disorders
- Assessed children, adolescents, and parental figure(s) with the CANS assessment
- Provided wrap around case management
- Formulated client centered goals and objectives
- Experience providing care in the home
- Operated ANASAZI note keeping system

Skills & Abilities

- Conducts bio-psycho-social assessments
- Applies critical thinking skills to individual client situations
- Advocates for client and family needs
- Uses relevant research informed treatment modalities
- Understanding of application of family systems and systems perspectives.
- Ability to research and apply for grants
- Compiles resources for clients
- Excellent written and verbal communication skills
- Proficient using Word, Power Point, and Excel

Additional Experience

STAY-AT-HOME-PARENT/ SPRING 2020 – CURRENT

- Spent three years parenting babies and toddlers
- Developed strong time management skills
- Ability to problem solve in high stress environments
- Grown in my ability to self-reflect and alter my parenting choices to better suit the needs of my individual children
- Enhanced my ability to be assertive and advocate for my children

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Community Action Partnership of Strafford County

Key Personnel

Position Title	Current Individual in Position	Amount Funded by this program	Total Salary	% of Salary Funded by this program
Child and Family Services Director	Tanisha Johnson	$9,888	$98,883	10%
HFA Manager	Tera Feliz	$61,115.60	$69,846	88%
HFA Supervisor	Vacant	$56,035	$56,035	100%
Lead HFA Case worker	Maura Florian	$51,480	$51,480	100%
HFA Case worker	Hannah Byrnes	$44,699	$44,699	100%
HFA Case worker	Dina Gagnon	$47,216	$47,216	100%
HFA Case worker	Arianna Newman	$47,861	$47,861	100%

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

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into **Retroactive** contracts with the contractors listed below in an amount not to exceed $8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	$461,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	$5,572,148
		Total:	**$8,847,771**

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

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

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

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See attached fiscal details.

EXPLANATION

This request is **Retroactive** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

[1] HFA_Evidence_of_Effectiveness_2022_Website.pdf (healthyfamiliesamerica.org)

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- Referrals
  - Share of families who are referred to Healthy Families America form Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
  - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
  - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
  - Average time to enrollment from the time and date of referral.
  - Number of days from referral date to the first home visit.
  - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
  - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
  - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
  - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
  - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
  - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
  - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
  - Share of children who enter any form of out-of-home placement within 12 months of discharge.
  - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

Docusign Envelope ID: 236FC02D-060B-4B59-9E42-DC3A9333B82C

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FISCAL DETAIL SHEET

SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00
			SUBTOTAL:	**$606,665.00**

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00
			SUBTOTAL:	**$1,879,750.00**

Granite VNA - Vendor #177244-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$27,540.00
			SUBTOTAL:	**$217,519.00**

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00
			SUBTOTAL:	**$740,666.00**
			Total of AU 5896	**$3,444,600.00**

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00
			SUBTOTAL:	**$108,000.00**
			TOTAL OF AU 3382	**$108,000.00**

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	$18,750.00
			SUBTOTAL:	**$150,000.00**
			TOTAL OF AU 5190	**$150,000.00**

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH75OT000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00
			SUBTOTAL:	**$262,500.00**

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$86,512.00
			SUBTOTAL:	**$86,512.00**
			TOTAL OF AU 5771	**$349,012.00**

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00
			SUBTOTAL:	**$85,321.00**

Waypoint - Vendor #177166-B002				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00
			SUBTOTAL:	**$381,414.00**

Granite VNA - Vendor #177244-B002				
State Fiscal Year	**Class / Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
			SUBTOTAL:	**$11,452.00**

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00
			SUBTOTAL:	**$175,246.00**
			TOTAL OF AU 2451	**$653,433.00**

DPHS SUBTOTAL: **$4,705,045.00**

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00
			SUBTOTAL:	**$532,460.00**

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Granite VNA - Vendor #177244-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$29,012.00
			SUBTOTAL:	$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00
			SUBTOTAL:	$437,689.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00
			SUBTOTAL:	$2,940,484.00
			Total of AU 2958	$4,142,726.00

DCYF SUBTOTAL: **$4,142,726.00**

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	**$8,847,771.00**

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

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		$1,064,920	$464,186	$1,750,754	$5,880,968

	Reviewer Name	Title
1	Gayleen Smith	Administrator III, Finance
2	Lisa Cacciola (Lampron)	Administrator II, DPHS Finance
3	Kristi Hart	Program Specialist IV, DPHS
4	Ashley Janos	Program Specialist IV, DCYF
5	Kelly McCormac	Assessment Supervisor IV, DCYF
6	Aurelia Moran	Supervisor V, DPHS

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

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-01

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Community Action Partnership of Strafford County		1.4 Contractor Address 577 Central Avenue, Suite 10 Dover, NH 03820	
1.5 Contractor Phone Number 603-435-2500, Ext. 8135	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation $1,224,446.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Betsey Andrews Parker Date: 12/29/2022		1.12 Name and Title of Contractor Signatory Betsey Andrews Parker CEO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 1/4/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino On: 1/5/2023			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials DS BAP
Date 12/29/2022

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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Date 12/29/2022

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

   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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

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

   3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
  - Housing.
  - Food.
  - Various forms of treatment.
  - School readiness.
  - Childcare.
  - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.

2.2. **CPS** – Child Protective Services.

2.3. **CQI** – Continuous Quality Improvement.

2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.

2.5. **CWP** – Child Welfare Protocols.

2.6. **DCYF** – Division for Children, Youth and Families.

2.7. **DHHS** – Department of Health and Human Services.

2.8. **DPHS** – Division of Public Health Services.

2.9. **DO** – District Office.

2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.

2.11. **FFPSA** – Family First Prevention Services Act.

2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.

2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.

2.14. **HFA** – Healthy Families America.

2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.

2.16. **HFA BPS** – Healthy Families America Best Practice Standards.

2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.

2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.

2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.

2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.

2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.

2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.

2.25. **PII** – Personally Identifiable Information.

2.26. **QA** – Quality Assurance.

2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.[1]

2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

[1] Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Heather Services) must fall within one (1) or more of the federally defined priority populations below:

3.2.1. Are first-time parents.

3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.

3.2.3. Are less than twenty-one (21) years of age.

3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.

3.2.5. Have a history of substance misuse or need substance use disorder treatment.

3.2.6. Are users of tobacco products in the home.

3.2.7. Have or have had a child(ren) with low student achievement.

3.2.8. Have a child(ren) with developmental delays or disabilities.

3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Rochester DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than fourteen (14) families thereafter through the end of the contract period.

3.4. The Contractor must serve thirty-two (32) families in the Rochester DCYF Catchment Area under the traditional HFA model.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

3.5.1. Pregnant or parenting youth in foster care.

3.5.2. Families with an infant born exposed to substances.

3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.

3.5.4. Families with an open DCYF case who have recently reunified.

3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:

3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.

3.6.2. Strengthening parent-child relationships.

3.6.3. Promoting healthy childhood growth.

3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.

3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:

3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:

3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.

3.7.1.2. Have HFA CWP available in the Rochester DCYF Catchment Area within six (6) months of Governor and Executive Council approval of this Agreement.

3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.

3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.

3.7.2. Select and implement an evidence-based curriculum to support

prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:

3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or

3.7.2.2. Growing Great Kids (GGK) with certification of training.

3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.

3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.

3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.

3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.

3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.

3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.

3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.

3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.

3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.

3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

3.14.1. Health care providers.

3.14.2. Social workers.

3.14.3. Social services.

3.14.4. Early interventionists.

3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:

3.15.1. Promote equity in all facets of operations with families, staff, and community.

3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.

3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.

3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.

3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.

3.17. The Contractor must ensure that they:

3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.

3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.

3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.

3.19. Compliance Standards

3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple

sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF- referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

Training must comply with all HFA model specifications and requirements, including but not limited to:

3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).

3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.

3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.

3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:

3.20.4.1. Substance use.

3.20.4.2. Childhood Maltreatment (Abuse/Neglect).

3.20.4.3. Parenting techniques.

3.20.4.4. Cultural competence/humility.

3.20.4.5. Childhood and generational trauma (Trauma-Informed).

3.20.4.6. Engagement strategies.

3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.

3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.

3.22. Discharge from HFA services:

3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.

3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family for a

minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

3.25.1.3.2.5. Threatening or reckless conduct;

3.25.1.3.2.6. Theft;

3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or

3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

3.25.2.1. The individual's name is not on the BEAS state registry;

3.25.2.2. The individual's name is not on the DCYF central registry;

3.25.2.3. The individual does not have a record of a felony conviction; or

3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.

3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to asses, at minimum, the following:

3.26.3.1. How PII is gathered and stored;

3.26.3.2. Who will have access to PII;

3.26.3.3. How PII will be used in the system;

3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all

original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Attachment 1:
DCYF Catchment Area Locations

Berlin
(650 Main Street Suite 200, Berlin NH 03570)

Serving the cities, towns, and locations of:

- Atkinson and Gilmanton Academy Grant
- Bean's Grant
- Bean's Purchase
- Berlin
- Bretton Woods
- Cambridge
- Carroll
- Cascade
- Chandlers Purchase
- Clarksville
- Colebrook
- Columbia
- Coos Junction
- Crawford's Purchase
- Crystal
- Cutt's Grant
- Dalton
- Dix's Grant
- Dixville
- Dummer
- Errol
- Ervings Location
- Fabyan Gorham
- Grange Greens Grant
- Groveton
- Hadley's Purchase
- Jefferson
- Kilkenny
- Lancaster
- Low and Burbank's Grant
- Maplewood
- Martin's Location
- Milan
- Millsfield
- North Stratford
- Northumberland
- Odell
- Percy
- Pinkham's Grant
- Pittsburg
- Randolph
- Riverton
- Sargent's Purchase
- Second College Grant
- Shelburne
- South Lancaster
- Stark
- Stewartstown
- Stratford
- Stratford Hollow
- Success
- Thompson & Meserve's Purchase
- Twin Mountain
- Wentworth's Location
- West Milan
- West Stewartstown
- Whitefield

Littleton
(80 North Littleton Road, Littleton, NH 03561)

Serving the cities, towns, and locations of:

- Apthorp
- Bath
- Benton
- Bethlehem
- Bethlehem Junction
- Center Haverhill
- East Haverhill
- Easton
- Franconia
- Glencliff
- Haverhill
- Landaff
- Lincoln
- Lisbon
- Littleton
- Livermore
- Lyman
- Monroe
- North Haverhill
- North Woodstock
- Pierce Bridge
- Piermont
- Pike
- Sugar Hill
- Warren
- Woodstock
- Woodsville

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Attachment 1:
DCYF Catchment Area Locations

Conway
(71 Hobbs Street, Conway NH 03818)

Serving the cities, towns, and locations of:

- Albany
- Bartlett
- Brookfield
- Center Conway
- Center Effingham
- Center Ossipee
- Center Sandwich
- Center Tuftonboro
- Chatham
- Chocorua
- Conway
- East Conway
- East Wakefield
- Eaton
- Effingham
- Freedom
- Glen
- Granite
- Hale's Location
- Hart's Location
- Intervale
- Jackson
- Kearsarge
- Madison
- Melvin Village
- Mirror Lake
- Moultonborough
- Moultonville
- North Conway
- North Sandwich
- Ossipee
- Redstone
- Sanbornville
- Sandwich
- Silver Lake
- Snowville
- South Chatham
- South Effingham
- South Tamworth
- Tamworth
- Tuftonboro
- Union
- Wakefield
- West Ossipee
- Wolfeboro
- Wolfeboro Falls
- Wonalancet

Claremont
(17 Water Street, Suite 301, Claremont NH 03743)

Serving the cities, towns, and locations of:

- Acworth
- Beauregard Village
- Burkehaven
- Canaan
- Charlestown
- Claremont
- Cornish
- Cornish Flat
- Croydon
- East Lempster
- Enfield
- Enfield Center
- Etna
- Georges Mills
- Goshen
- Grafton
- Grantham
- Guild
- Hanover
- Langdon
- Lebanon
- Lempster
- Lyme
- Lyme Center
- Meriden
- Mount Sunapee
- Newport
- Orange
- Orford
- Plainfield
- South Acworth
- South Charlestown
- Springfield
- Sunapee
- Unity
- Washington
- West Canaan
- West Lebanon
- West Springfield
- West Unity

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Attachment 1:
DCYF Catchment Area Locations

Keene
(111 Key Road, Keene NH 03431).

Serving the cities, towns, and locations of:

- Alstead
- Antrim
- Ashuelot
- Bennington
- Chesterfield
- Deering
- Drewsville
- Dublin
- East Sullivan
- East Swanzey
- East Westmoreland
- Fitzwilliam
- Gilsum
- Greenfield
- Greenville
- Hancock
- Harrisville
- Hillsborough
- Hillsborough Upper Village
- Hinsdale
- Jaffrey
- Keene
- Marlborough
- Marlow
- Munsonville
- Nelson
- New Ipswich
- North Swanzey
- North Walpole
- Peterborough
- Richmond
- Rindge
- Roxbury
- Sharon
- Spofford
- Stoddard
- Sullivan
- Surry
- Swanzey
- Temple
- Troy
- Walpole
- West Chesterfield
- West Deering
- West Peterborough
- West Swanzey
- Westmoreland
- Westport
- Winchester
- Windsor

Laconia
(65 Beacon Street West, Laconia NH 03246)

Serving the cities, towns, and locations of:

- Alexandria
- Alton
- Alton Bay
- Ashland
- Barnstead
- Bear Island
- Belmont
- Bridgewater
- Bristol
- Campton
- Center Barnstead
- Center Harbor
- Dorchester
- East Holderness
- Ellsworth
- Gilford
- Gilmanton
- Gilmanton Corners
- Gilmanton Iron Works
- Glendale
- Governor Isle
- Groton
- Hebron
- Holderness
- Laconia
- Lakeport
- Lochmere
- Lower Gilmanton
- Meredith
- Meredith Center
- New Hampton
- North Sanbornton
- Plymouth
- Quincy
- Rumney
- Sanbornton
- Thornton
- Tilton
- Waterville Valley
- Weirs
- Wentworth
- West Alton
- West Rumney
- Winnisquam

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Attachment 1:
DCYF Catchment Area Locations

Concord *(40 Terrill Park Drive, Concord, NH 03301)*		
Serving the cities, towns, and locations of:		
▪ Allenstown	▪ Epsom	
▪ Andover	▪ Francestown	▪ Penacook
▪ Blodgett Landing	▪ Franklin	▪ Pinardville
▪ Boscawen	▫ Gerrish	▪ Pittsfield
▪ Bow	▫ Goffstown	▪ Potter Place
▪ Bradford	▪ Gossville	▪ Salisbury
▪ Canterbury	▪ Henniker	▫ Short Falls
▪ Chichester	▪ Hill	▫ South Danbury
▪ Concord	▪ Hooksett	▫ South Sutton
▪ Contoocook	▪ Hopkinton	▫ Suncook
▫ Danbury	▪ Loudon	▫ Sutton
▫ Davisville	▪ New Boston	▪ Warner
▪ Dunbarton	▪ New London	▪ Weare
▪ East Andover	▪ Newbury	▪ Webster
▫ East Concord	▪ North Sutton	▪ Webster Lake
▫ East Sutton	▪ North Wilmot	▪ West Franklin
▫ Elkins	▫ Northfield	▫ Wilmot
	▪ Pembroke	▫ Wilmot Flat

Manchester *(1050 Perimeter, Suite 501, Manchester, NH 03103)*
Serving the city of: Manchester

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Attachment 1:
DCYF Catchment Area Locations

Rochester
(150 Wakefield Street Suite 22, Rochester NH 03867)

Serving the cities, towns, and locations of:

- Barrington
- Center Strafford
- Dover
- Durham
- East Rochester
- Farmington
- Gonic
- Lee
- Madbury
- Middleton
- Milton
- Milton Mills
- New Durham
- Rochester
- Rollinsford
- Strafford

Seacoast
(19 Rye St. Portsmouth, NH 03801)

Serving the cities, towns, and locations of:

- Auburn
- Brentwood
- Candia
- Danville
- Deerfield
- East Kingston
- Epping
- Exeter
- Fremont
- Greenland
- Hampton
- Hampton Beach
- Hampton Falls
- Kensington
- Kingston
- New Castle
- Newfields
- Newington
- Newmarket
- Newton
- Newton Junction
- North Hampton
- Northwood
- Nottingham
- Portsmouth
- Raymond
- Rye
- Rye Beach
- Seabrook
- Somersworth
- South Hampton
- Stratham
- West Nottingham

Southern
(26 Whipple St. Nashua, NH 03060)

<u>District Office</u> serving the cities, towns, and locations of:

- Amherst
- Bedford
- Brookline
- Hollis
- Hudson
- Litchfield
- Lyndeborough
- Mason
- Merrimack
- Milford
- Mont Vernon
- Nashua
- North Salem
- Pelham
- Reeds Ferry
- Salem
- Wilton
- Windham

<u>Southern Telework</u> serving the cities, towns, and locations of:

- Atkinson
- Chester
- Derry
- East Derry
- East Hampstead
- Hampstead
- Londonderry
- Plaistow
- Sandown

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Attachment 2 - Capacity Analysis Report

INTRODUCTION & NOTES	**CASELOAD AND CAPACITY ANALYSIS** - *to be completed for each month of the contract period* This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agency and the State Team, and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month. Instead, open the file named for monthly data you are reporting (i.e., in early January, use the file named "2021.12" to report December 2021 data). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accommodate new HFA BIPS.
USE	1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!
MAINTENANCE	**PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH** If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1. If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR: 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)

Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.
Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%
Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA
If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022										
Hire Date (New Hire under 24 months emp)		6/28/2022			Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs						
Name of staff member					# of families with additional caseweight due to PSCs						
# hours per week worked for HFA only											
Of the hours above, % time as HFA home visitor											
Caseload multiplier	0.00										
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level LSS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged. CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.				not applicable						
Level CO1			2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO,TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged. Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR			0.50	0							
	Actual totals:	0		0	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION:	0.0%									

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis					Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Hire Date (New Hire under 24 months emp)		8/28/2022										
Name of staff member					# of families with additional caseweight due to PSCs							
# hours per week worked for HFA only												
Of the hours above, % time as HFA home visitor												
Caseload multiplier	0.00											
Levels	**Description**	**Number of Families on Level**	**Weight**	**Weighted Caseload per Level**	**0.5**	**1**	**1.5**	**2**	**2.5**	**3**	**Extra Case Weight**
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space if		2.00	0							
Level TO2	re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0**	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not applicable

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with additional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3SS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space		2.00	0							
Level TO2	if re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0							
	Maximum for fidelity	0		0							
	HFA CAPACITY CALCULATION	ROIV/ot									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not applicable

Total additional PSC caseweights
0

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with addtional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged. CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.				not applicable						
Level CO1			2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR):	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged. Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR			0.50	0							
	Actual totals			0	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0
Level 2	Visits every other week		1.00	0
Level 3	Visits once per month		0.50	0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0
Level 4	Visits once per quarter		0.25	0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one			
Level CO1	home visit but became disengaged.		2.00	0
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0
Level CO3	CO, to ensure space if re-engaged.		0.50	0
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given			
Level TO1	the same caseweight they had prior to going on CO; to ensure space		2.00	0
Level TO2	if re-engaged.		1.00	0
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0
Level TR	voluntary re-assignment to another FSW due to leave or turnover.		0.50	0
	Actual totals	0		0
	Maximum for fidelity	0		0
	HFA CAPACITY CALCULATION	#DIV/0!		
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%		

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

# of families with additional caseweight due to PSCs						
0.5	1	1.5	2	2.5	3	Extra Case Weight
						0
						0
						0
						0
						0

not applicable

Total additional PSC caseweights
0

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level. AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with additional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3SS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space		2.00	0							
Level TO2	if re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0							
	Maximum for fidelity	0		0							
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not applicable

Total additional PSC caseweights: 0

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Attachment 2: Capacity Analysis Report

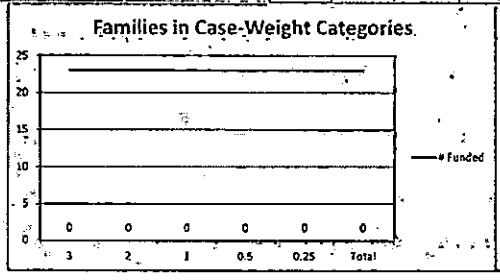
LIA MONTHLY CAPACITY ANALYSIS

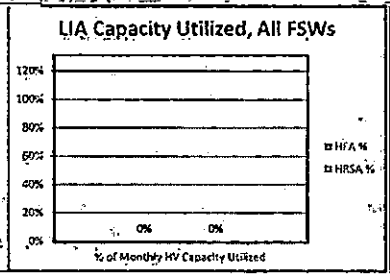
Case-Weight Categories:

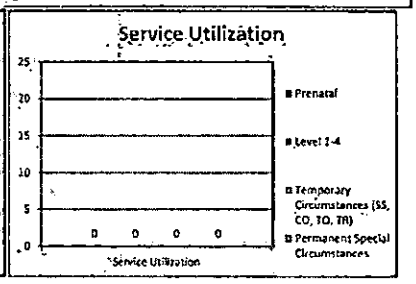
	3	2	1	0.5	0.25	Total
# Families Served per category	0	0	0	0	0	0
# Funded	23	23	23	23	23	23

	HFA %	HRSA %	Difference
% of Monthly HV Capacity Utilized	#DIV/0!	0%	#DIV/0!

	Prenatal	Level 1-4	Temporary	Permanent
Service Utilization	0	0	0	0







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OMB No: 0906-0017
Expiration Date: 07/31/2021

Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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OMB No: 0906-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Attachment 3 - Form 1

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/ training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Attachment 3 - Form 1

Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
Adult Participants	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21.				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row – Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		**MIECHV Household:** For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below: 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.
1	**Unduplicated Count of New and Continuing Program Participants Served by MIECHV**	**New Participant:** A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). **Continuing Participant:** A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). **Pregnant women** are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period. **Female caregivers** are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).

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		Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee. **Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
2	**Unduplicated Count of Household Served by MIECHV**	**New Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions. **Continuing Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.
3	**Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)**	**Participant Served by a State Home Visiting Program (non-MIECHV):** A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	**Adult Participants by Age**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	**Index Children by Age**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	**Participants by Ethnicity**	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	**Participants by Race**	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	**Adult Participants by Marital Status**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.
9	**Adult Participants by Educational Attainment**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child. **Less than high school diploma** includes individuals who have not completed their high school education. The **Some college/training** category includes those who are currently enrolled and those who attended in the past. The **Technical training or certification** category includes those who received technical training or certification in the past. The **Associate's Degree** category includes those who obtained an Associate's Degree. The **Bachelor's Degree** category includes those who obtained a Bachelor's Degree. The **Other** category includes those individuals who did not fall into the specified categories.
10	**Adult Participants by Employment Status**	**Employed:** refers to whether the person is currently working for pay. **Employed Full Time:** an employee who works an average of at least 30 hours per week **Employed Part Time:** an employee who works an average of less than 30 hours per week[1] **Not Employed:** indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)
11	**Adult Participants by Housing Status**	**Not homeless:** individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and **Not homeless and lives in public housing:** individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs) **Homeless:** individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and

[1] Healthcare.gov Glossary. https://www.healthcare.gov/glossary/full-time-employee/

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		Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason **Homeless and living in an emergency or transitional shelter:** individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement **Homeless and some other arrangement:** individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings[2]
12	**Primary Language Spoken at Home**	**Primary language:** the language used in the home the majority of the time. **Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
13	**Household Income in Relation to Federal Poverty Guidelines**	The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. **Federal Poverty Guidelines:** Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines .
14	**For Each Household Indicate the Priority Population Characteristics**	**Low-Income:** An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines. **Pregnant women under 21:** Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period. **Have a history of child abuse or neglect or have had interactions with child welfare services:** Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.

[2] Administration for Children and Families. Early Childhood Learning and Knowledge Center, 2014. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/family/Homelessness/hmls/definition/definition-legal.html

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		Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment. **Are users of tobacco products in the home:** Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). **Have, or have children with, low student achievement:** Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement. **Have a child or children with developmental delays or disabilities:** Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability. **Are in families that are or have served in the armed forces:** Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.
15	Service Utilization	Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	Family Engagement by Household	Currently receiving services refers to families that are participating in services at the end of the reporting period. Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period. Stopped services before completion refers to families who left the program for any reason prior to completion. Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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18	**Participants by Type of Health Insurance Coverage**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.
19	**Index Children by Usual Source of Medical Care**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. **Usual source of care:** the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.
20	**Index Children (≥ 12 months of age) by Usual Source of Dental Care**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. **Usual source of dental care:** a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.[3]

[3] American Academy of Pediatric Dentistry. Dental Home Resource Center. http://www.aapd.org/advocacy/dentalhome/

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OMB No: 0906-0017
Expiration Date: 07/31/2021

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

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MEASURE 1

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: PRETERM BIRTH**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preter following program enrollment**	
4. **SPECIFICATION** **NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment** **DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: BREASTFEEDING**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** **Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age**	
4. **SPECIFICATION** **NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age** **DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 3

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: DEPRESSION SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
4. **SPECIFICATION** NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: WELL CHILD VISIT**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: POSTPARTUM CARE**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery**	
4. **SPECIFICATION** **NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery** **DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: TOBACCO CESSATION REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.	6.b. Value – Enter the number of cases missing from measure calculation:

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 7

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: SAFE SLEEP**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding**	
4. **SPECIFICATION** **NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding** **DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD INJURY**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** **Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting**	
4. **SPECIFICATION** **NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (rate) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD MALTREATMENT**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 10

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: PARENT-CHILD INTERACTION**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** **Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool**	
4. **SPECIFICATION** **NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-chil interaction by the home visitor using a validated tool** **DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**

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7. **NOTES**
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

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MEASURE 12

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: DEVELOPMENTAL SCREENING**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period** **DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period**	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

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8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 13

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: BEHAVIORAL CONCERNS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. SPECIFICATION NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning DENOMINATOR: Total number of postnatal home visits during the reporting period	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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MEASURE 14

1. **BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE** **CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool**	
4. **SPECIFICATION** **NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment** **DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**

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7. **NOTES**
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 15

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: PRIMARY CAREGIVER EDUCATION**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** **Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting**	
4. **SPECIFICATION** **NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)** **DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

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MEASURE 16

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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MEASURE 17

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEPRESSION REFERRALS**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
4. **SPECIFICATION** NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. **NOTES**
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 18

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner**	
4. **SPECIFICATION** **NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)** **DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if**	**6.b. Value – Enter the number of cases missing from measure calculation:**

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. **NOTES**	
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure	

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MEASURE 19

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of	6.b. Value – Enter the number of cases missing from measure calculation:

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missing data should be excluded from the measure calculation.	
7. **NOTES**	
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure	

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DEFINITIONS OF KEY TERMS

July 19, 2018

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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	**Preterm Birth:** a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days).[1]
2.	Breastfeeding	**Breastfeeding:** in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	**Depression:** aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	**AAP schedule for Well-Child Visits:** Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	**Postpartum Care Visit:** A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. [2]
6.	Tobacco Cessation Referrals	**Tobacco Use:** combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	**Injury-related Emergency Department Visit:** Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.[3]
9.	Child Maltreatment	**Investigated Case:** all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. [4] A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. [5]
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	**Developmental Delay:** delays in any or all areas including cognitive, social, language, sensory,

[1] Behrman R, Stith Butler A. eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.
[2] Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187–92. Retrieved from https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301
[3] Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from http://www.cdc.gov/safechild/NAP/background.html#unint
[4] Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from https://www.childwelfare.gov/pubs/factsheets/canstats/
[5] Child Welfare Information Gateway. Screening and Intake. Retrieved from https://www.childwelfare.gov/topics/responding/iia/screening/

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		and emotional development.[6]
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	**Intimate Partner Violence:** physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. [7]
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	**Continuous Health Insurance Coverage:** having health insurance coverage without any lapses.
17.	Completed Depression Referrals	**Recommended services:** specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client.[8]
18.	Completed Developmental Referrals	**Developmental Delay:** delays in any or all areas including cognitive, social, language, sensory, and emotional development.[6]
19.	IPV Referrals	**Intimate Partner Violence:** physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. [7]

[6] U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from http://ghr.nlm.nih.gov/glossary=developmentaldelay

[7] Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html

[8] Home Visiting Collaborative Improvement and Innovation Network.

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Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
Referrals
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
Enrollments
Average time to enrollment from the time and date of referral.
# of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
Program Completion
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
Short-term Outcomes
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 61.5% Federal funds from:
      1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
      1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
      1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
      1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
      1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
   1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-6, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

8.3. Identifies and requests payment for allowable costs incurred in the previous month.

8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:

9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of $301.85 per client (family) once per week.

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$44,372
SFY 2024	$88,744
SFY 2025	$66,557
Sub-Total	**$199,673**

9.4. The Contractor shall submit non-clinical expenses via the Website: https://business.nh.gov/beb/PaQes/Index.asDx.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$155,301
2024	$177,486
2025	$0*
Sub-Total	**$332,787**
***The Contractor will only bill for direct services in SFY 25.**	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

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

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services - Home Visiting Formula Grant*

Budget Period *SFY 2023 (10/01/2022 - 06/30/2023)*

Indirect Cost Rate (if applicable) 14.79%

Line Item	Program Cost - Funded by DHHS.
1. Salary & Wages	$152,034
2. Fringe Benefits	
3. Consultants	$1,650
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$675
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$225
6. Travel	$900
7. Software	$0
8. (a) Other - Marketing/ Communications	$800
8. (b) Other - Education and Training	$4,060
8. (c) Other - Other (specify below)	
Insurance	$586
audit and legal	$225
telephone/internet	$2,250
Occupancy	$2,250
9. Subrecipient Contracts	$0
Total Direct Costs	$165,655
Total Indirect Costs	$28,757
TOTAL	**$194,412**

Contractor Initials: BAP (DS)

Date: 12/29/2022

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services - Home Visiting Formula Grant*

Budget Period *SFY 2024 (07/01/2023 - 06/30/2024)*

Indirect Cost Rate (if applicable) 13.61%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$233,117
2. Fringe Benefits	$23,312
3. Consultants	$1,200
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$1,500
5.(a) Supplies - Educational	$900
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$302
6. Travel	$1,800
7. Software	$0
8. (a) Other - Marketing/ Communications	$500
8. (b) Other - Education and Training	$4,700
8. (c) Other - Other (specify below)	
Insurance	$778
audit and legal	$300
telephone/internet	$3,000
Occupancy	$3,000
9. Subrecipient Contracts	$0
Total Direct Costs	$274,408
Total Indirect Costs	$43,232
TOTAL	**$317,640**

Contractor Initials: BAP (DS)

Date: 12/29/2022

Exhibit C-3 Budget Sheet, SFY 2025

New Hampshire Department of Health and Human Services	
Contractor Name:	*Community Action Partnership of Strafford County*
Budget Request for:	*Home Visiting Services - Home Visiting Formula Grant*
Budget Period	*SFY 2025 (07/01/2024 - 09/30/2024)*
Indirect Cost Rate (if applicable)	13.72%

Line Item	Program Cost - Funded by DHHS,
1. Salary & Wages	$59,488
2. Fringe Benefits	$5,949
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$225
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$54
6. Travel	$300
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$680
8. (c) Other - Other (specify below)	
Insurance	$195
audit and legal	$75
telephone/internet	$750
Occupancy	$800
9. Subrecipient Contracts	$0
Total Direct Costs	$68,515
Total Indirect Costs	$10,895
TOTAL	**$79,410**

Contractor Initials: BAP (DS)

Date: 12/29/2022

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period *SFY 2023 (10/01/2022 - 06/30/2023)*

Indirect Cost Rate (if applicable) 13.54%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$12,780
2. Fringe Benefits	$1,278
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$1,100
8. (c) Other - Other (specify below)	
Insurance	$0
audit and legal	$0
telephone/internet	$0
Occupancy	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$15,158
Total Indirect Costs	$2,374
TOTAL	**$17,532**

Contractor Initials: DS BLP

Date: 12/29/2022

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period *SFY 2024 (07/01/2023 - 06/30/2024)*

Indirect Cost Rate (if applicable) 13.09%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$39,686
2. Fringe Benefits	$3,969
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$478
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Insurance	$0
audit and legal	$0
telephone/internet	$1,800
Occupancy	$1,200
9. Subrecipient Contracts	$0
Total Direct Costs	$47,133
Total Indirect Costs	$7,098
TOTAL	**$54,231**

Contractor Initials: BAP (DS)

Date: 12/29/2022

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Partnership of Strafford County*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period *SFY 2025 (07/01/2024 - 09/30/2024)*

Indirect Cost Rate (if applicable) 13.72%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$10,112
2. Fringe Benefits	$1,011
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$35
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Insurance	$0
audit and legal	$0
telephone/internet	$240
Occupancy	$300
9. Subrecipient Contracts	$0
Total Direct Costs	$11,698
Total Indirect Costs	$1,860
TOTAL	**$13,558**

Contractor Initials: DS BAP

Date: 12/29/2022

Exhibit C-7 Budget Sheet, SFY 2023

New Hampshire Department of Health and Human Services

Contractor Name: *Community Action Program of Strafford County*

Budget Request for: *Home Visiting Services*

Budget Period: *SFY 2023 (1/1/23-6/30/23) 6 Months*

Indirect Cost Rate (if applicable): 13.72%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$95,358
2. Fringe Benefits	$9,536
3. Consultants	$1,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$4,500
5.(a) Supplies - Educational	$4,500
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$300
6. Travel	$1,200
7. Software	$0
8. (a) Other - Marketing/ Communications	$311
8. (b) Other - Education and Training	$10,850
8. (c) Other - Other (specify below)	
Occupancy	$2,100
Telephone/Internet	$2,100
Postage	$300
Insurance	$392
audit and legal	$150
subscriptions	$900
9. Subrecipient Contracts	$0
Total Direct Costs	$133,996
Total Indirect Costs	$21,305
TOTAL	$155,301

Contractor Initials: BLP (DS)

Date: 12/29/2022

Exhibit C-8 Budget Sheet, SFY 2024

New Hampshire Department of Health and Human Services	
Contractor Name:	*Community Action Program of Strafford County*
Budget Request for:	*Home Visiting Services*
Budget Period	*SFY 2024 (7/1/23-6/30/24) 12 Months*
Indirect Cost Rate (if applicable)	13.72%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$126,946
2. Fringe Benefits	$12,694
3. Consultants	$0
4. Equipment (Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$2,100
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$600
6. Travel	$1,800
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$1,000
8. (c) Other - Other (specify below)	
Occupancy	$3,000
telephone/internet	$3,000
Postage	$300
subscriptions	$600
audit and legal	$288
insurance	$810
9. Subrecipient Contracts	$0
Total Direct Costs	$153,138
Total Indirect Costs	$24,349
TOTAL	$177,486

Contractor Initials: DS BAP

Date: 12/29/2022

New Hampshire Department of Health and Human Services
Exhibit D

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

Vendor Initials BAP
Date 12/29/2022

has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Community Action Partnership of Strafford Count

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit E

CERTIFICATION REGARDING LOBBYING

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

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

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

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Community Action Partnership of Strafford Coun

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

DS
BAP
Vendor Initials
12/29/2022
Date



New Hampshire Department of Health and Human Services
Exhibit F

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549: 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

Contractor Initials BLP
Date 12/29/2022

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Community Action Partnership of Strafford Co

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

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BAP
Contractor Initials

12/29/2022
Date

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DocuSign Envelope ID: 8BA2DE4A-D244-40D5-8637-88DE57980189

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

New Hampshire Department of Health and Human Services
Exhibit G

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

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

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

Contractor Name: Community Action Partnership of Strafford C

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

Docusign Envelope ID: 236FC02D-060B-4B59-9E42-DC3A9333B82C

DocuSign Envelope ID: 8BA2DE4A-D244-40D5-8637-88DE57980189

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Community Action Partnership of Strafford Cc

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

New Hampshire Department of Health and Human Services

Exhibit I

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

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

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Obligations of Covered Entity

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

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

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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

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

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

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Date 12/29/2022

e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Community Action Partnership of Strafford County
The State	Name of the Contractor
Patricia M. Tilley	Betsey Andrews Parker
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Betsey Andrews Parker
Name of Authorized Representative	Name of Authorized Representative
Director	CEO
Title of Authorized Representative	Title of Authorized Representative
1/4/2023	12/29/2022
Date	Date

Docusign Envelope ID: 236FC02D-060B-4B59-9E42-DC3A9333B82C

DocuSign Envelope ID: 8BA2DE4A-D244-40D5-8637-88DE57980189

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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Community Action Partnership of Strafford C

12/29/2022
Date

DocuSigned by:
Betsey Andrews Parker
Name: Betsey Andrews Parker
Title: CEO

New Hampshire Department of Health and Human Services
Exhibit J

FORM A

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

1. The UEI (SAM.gov) number for your entity is: Z3KKLWND4993

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

   _____ NO _____X_____ YES

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

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

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

   _____ NO _____X_____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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Date



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

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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



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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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



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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

DS BAP

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

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

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

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

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

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

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

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

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

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

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

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

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.



e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

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

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

State of New Hampshire
Department of Health and Human Services
Amendment #3

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite VNA, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #26), and as amended on May 1; 2024 (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

   September 30, 2028

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

   $3,033,556

3. Modify Exhibit B, Scope of Services, Section 3.3., to read:

   3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the Conway and Laconia DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve sixteen (16) DCYF families in the Conway Catchment Area; serving no less than 70% of the identified number of families for this region before the end of the contract period. The Contractor shall exhaust all reasonable effort to serve thirty-two (32) DCYF families in the Laconia Catchment Area; serving no less than 70% of the identified number of families for this region before the end of the contract period.

4. Modify Exhibit B, Scope of Services, Section 3.5.4., read:

   3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.

5. Modify Exhibit B, Scope of Services, Section 3.7.1.2., to read:

   3.7.1.2. Have HFA CWP available in the Conway and Laconia DCYF Catchment Areas.

   3.7.1.2.1 Should the Contractor be unable to provide services through the HFA CWP, a corrective action plan must be developed by the Contractor and approved by the Department.

   3.7.1.2.1.1. In the event that the Contractor is unable to provide services using the CWP, the Contractor must enter into a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of discontinuation.

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

1. This Agreement is funded by:

1.1. 74.17% Federal funds from:

1.1.1. 65.26% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Service (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870; FAIN X10MC43595; and as awarded on September 2, 2022, FAIN X10MC46878; and as awarded on August 29, 2023, FAIN X10MC50315.

1.1.2. 3.70% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.

1.1.3. 31.04% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.

1.2. 25.83% General funds.

7. Modify Exhibit C, Payment Terms, Section 7, to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items as specified in Exhibit C-1, Budget, SFY 2023 through Exhibit C-12, Budget, SFY 2029-Amendment #3.

8. Modify Exhibit C, Payment Terms, Section B, to read:

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services to Conway Catchment Region:

9. Modify Exhibit C, Payment Terms, Section 9.3., to read:

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$24,867
SFY 2024	$58,024
SFY 2025	$111,455
SFY 2026	$116,411
SFY 2027	$116,411
SFY 2028	$116,411
SFY 2029	$33,969
Subtotal	**$577,548**

10. Modify Exhibit C, Payment Terms, Section 11.3 through 11.5, to read:

11.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$16,533

SFY 2024	$93,590
SFY 2025	$121,368
SFY 2026	$116,411
SFY 2027	$116,411
SFY 2028	$116,411
SFY 2029	$33,969
Subtotal	**$614,693**

11.4. The Contractor shall submit non-clinical expenses via the Website: https://business.nh.gov/beb/PaQes/Index.asDx.

11.5. The Contractor must provide the services in Exhibit B, Scope, of Services, in compliance with funding requirements.

11. Modify Exhibit C-3, Budget (SFY 2025) – Amendment #2, by replacing it in its entirety with Exhibit C-3, Budget (SFY 2025) – Amendment #3, which is attached hereto and incorporated by reference herein.

12. Add Exhibit C-9, Budget (SFY 2026) – Amendment #3, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-10, Budget (SFY 2027) – Amendment #3, which is attached hereto and incorporated by reference herein.

14. Add Exhibit C-11, Budget (SFY 2028) – Amendment #3, which is attached hereto and incorporated by reference herein.

15. Add Exhibit C-12, Budget (SFY 2029) – Amendment #3, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective October 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

9/6/2024
Date

DocuSigned by:
Iain Watt
D778BB63F9704C7...
Name: Iain Watt
Title: Director - DPHS

Granite VNA, Inc.

9/6/2024
Date

DocuSigned by:
Beth Slepian
9729852AAD240E...
Name: Beth Slepian
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-3, Budget (SFY 2025) - Amendment # 3

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	*7/1/24 - 6/30/25*
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$230,881
2. Fringe Benefits	$46,844
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$1,607
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$100
5.(e) Supplies Office	$0
6. Travel	$10,000
7. Software	$6,826
8. (a) Other - Marketing/ Communications	$3,000
8. (b) Other - Education and Training	$7,500
8. (c) Other - Other (specify below)	$0
Other (please specify)	$3,500
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$310,258
Total Indirect Costs	$31,026
TOTAL	**$341,284**

Contractor Initial: DS BJS

Date: 9/6/2024

Exhibit C-9, Budget (SFY 2026) - Amendment #3

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/25 - 6/30/26
Indirect Cost Rate (if applicable)	0.1
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$185,628
2. Fringe Benefits	$37,293
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$500
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$456
5.(e) Supplies Office	$0
6. Travel	$7,200
7. Software	$6,977
8. (a) Other - Marketing/ Communications	$2,000
8. (b) Other - Education and Training	$4,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$4,500
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$248,554
Total Indirect Costs	$27,617
TOTAL	$276,171

Contractor Initials: BJS (DS)

Date: 9/6/2024

Exhibit C-10, Budget (SFY 2027) - Amendment #3

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/26 - 6/30/27
Indirect Cost Rate (if applicable)	0.1

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$141,299
2. Fringe Benefits	$28,109
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$100
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$100
5.(e) Supplies Office	$0
6. Travel	$9,000
7. Software	$4,159
8. (a) Other - Marketing/ Communications	$118
8. (b) Other - Education and Training	$1,305
8. (c) Other - Other (specify below)	$0
Other (please specify)	$3,000
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$187,190
Total Indirect Costs	$20,798
TOTAL	$207,988

Contractor Initials: BJS (DS)

Date: 9/6/2024

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/27 - 6/30/28
Indirect Cost Rate (if applicable)	0.1

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$170,068.00
2. Fringe Benefits	$33,511.00
3. Consultants	$0.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0.00
5.(a) Supplies - Educational	$100.00
5.(b) Supplies - Lab	$0.00
5.(c) Supplies - Pharmacy	$0.00
5.(d) Supplies - Medical	$100.00
5.(e) Supplies Office	$0.00
6. Travel	$8,165.00
7. Software	$4,964.00
8. (a) Other - Marketing/ Communications	$500.00
8. (b) Other - Education and Training	$3,500.00
8. (c) Other - Other (specify below)	$0.00
Other (please specify)	$2,500.00
Other (please specify)	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
9. Subrecipient Contracts	$0.00
Total Direct Costs	$223,408.00
Total Indirect Costs	$24,823.00
TOTAL	$248,231.00

Contractor Initials: BJS

Date: 9/11/24

Exhibit C-12, Budget (SFY 2029) - Amendment #3

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/28 - 9/30/28
Indirect Cost Rate (if applicable)	0.1

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$29,402.00
2. Fringe Benefits	$5,734.00
3. Consultants	$0.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0.00
5.(a) Supplies - Educational	$100.00
5.(b) Supplies - Lab	$0.00
5.(c) Supplies - Pharmacy	$0.00
5.(d) Supplies - Medical	$100.00
5.(e) Supplies Office	$0.00
6. Travel	$7,921.00
7. Software	$1,040.00
8. (a) Other - Marketing/ Communications	$0.00
8. (b) Other - Education and Training	$0.00
8. (c) Other - Other (specify below)	$0.00
Other (please specify)	$2,500.00
Other (please specify)	$0.00
Other (please specify)	$0.00
Other (please specify)	$0.00
9. Subrecipient Contracts	$0.00
Total Direct Costs	$46,797.00
Total Indirect Costs	$5,200.00
TOTAL	$51,997.00

Contractor Initials: BJS

Date: 9/11/24

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that GRANITE VNA, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 18, 1899. 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: **63116**

Certificate Number: **0006675028**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 23rd day of April A.D. 2024.

David M. Scanlan

Secretary of State

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

Granite VNA

CERTIFICATE OF AUTHORITY

I, Andrea Stevenson, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Granite VNA, Inc.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on **August 13, 2024** at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Beth J. Slepian is duly authorized on behalf of Granite VNA, Inc. to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 08.13.24

Andrea Stevenson
Board of Trustee – Secretary

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

GRANIVNA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/26/2024

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

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 : National Union Fire Ins Co of Pitts, PA	19445
INSURED Granite VNA, Inc. 30 Pillsbury Street Concord, NH 03301-797	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 X PRO-JECT LOC OTHER:	X	X	VHNUHG003353700	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	$1,000,000 $1,000,000 $50,000 $1,000,000 $3,000,000 $3,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			VHNUHA003353900	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DED X RETENTION $0	X	X	VHNUHX003354000	04/01/2024	04/01/2025	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 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		BINDERQ3466123000 3A States: NH	07/01/2024	07/01/2025	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			VHNUHG003353700	04/01/2024	04/01/2025	$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)

Additional Insured Status Is Provided Where Required by Contract, Agreement or Permit.

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and
Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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SCLCA

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Granite VNA

Office 603.224.4093
800.924.8620
info@granitevna.org
www.granitevna.org

30 Pillsbury Street
Concord, NH 03301
Offices in Laconia and Wolfeboro

Granite VNA Mission Statement

We enhance dignity and independence for people by delivering quality health care and promoting wellness in homes and communities through all stages of life.

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PUBLIC DISCLOSURE COPY

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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning OCT 1, 2022 and ending SEP 30, 2023

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Granite VNA, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 30 Pillsbury Street

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Concord, NH 03301

F Name and address of principal officer: Beth J. Slepian
same as C above

D Employer identification number: 02-0222122

E Telephone number: 603-224-4093

G Gross receipts $: 63,278,068.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.granitevna.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1899

M State of legal domicile: NH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Granite VNA, Inc., incorporated in 1899, is a home health and hospice care provider, offering both

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	582
6 Total number of volunteers (estimate if necessary)	6	124
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

	Prior Year	Current Year
Revenue		
8 Contributions and grants (Part VIII, line 1h)	4,140,158.	12,989,218.
9 Program service revenue (Part VIII, line 2g)	34,963,551.	35,884,540.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,740,612.	2,579,428.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-19,675.	-12,073.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,824,646.	51,441,113.
Expenses		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,000.	4,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	36,828,553.	40,700,144.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 49,177.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,011,083.	8,412,348.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	45,843,636.	49,116,492.
19 Revenue less expenses. Subtract line 18 from line 12	-4,018,990.	2,324,621.

	Beginning of Current Year	End of Year
Net Assets or Fund Balances		
20 Total assets (Part X, line 16)	51,710,798.	55,185,431.
21 Total liabilities (Part X, line 26)	4,227,521.	4,489,975.
22 Net assets or fund balances. Subtract line 21 from line 20	47,483,277.	50,695,456.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: James Manahan, CFO
Type or print name and title

Date:

Paid Preparer Use Only

Print/Type preparer's name: Melissa Magoon, CPA	Preparer's signature: Melissa Magoon, CPA	Date: 02/13/24	Check ☐ if self-employed	PTIN: P01712842
Firm's name: Berry Dunn McNeil & Parker, LLC			Firm's EIN: 01-0523282	
Firm's address: 2211 Congress St Portland, ME 04102			Phone no. (207)775-2387	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

See Schedule O for Organization Mission Statement Continuation

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
The Mission of Granite VNA, Inc. is we enhance dignity and independence for people delivering quality health care and promoting wellness in homes and communities through all stages of life.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☒ Yes ☐ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses $ 23,730,350. Including grants of $ _____) (Revenue $ 25,788,107.)
Home Health Care - provides skilled care services to patients who qualify for care in their home. Services were rendered to 10,770 patients including 160,526 visits and 13,059 additional visits for indigent patients. Charity care is provided to individuals who are uninsured, underinsured, or otherwise unable to pay the published fee for service.

4b (Code: _____) (Expenses $ 7,185,945. Including grants of $ _____) (Revenue $ 7,646,431.)
Hospice - supportive care for the terminally ill on a 24-hour basis. Services were rendered to 1158 patients providing 44,707 hospice care days. Hospice care is provided in a ten-bed house for those who require twenty-four-hour skilled nursing care for symptom management and in the community. Charity care is provided to individuals who are uninsured, underinsured, or otherwise unable to pay the published fee for services or for the house room and board.

4c (Code: _____) (Expenses $ 2,841,357. Including grants of $ _____) (Revenue $ 2,229,566.)
Personal Care Services - Provides care and support primarily to frail elders who need assistance to stay living independently in their own homes.

4d Other program services (Describe on Schedule O.)
(Expenses $ 3,147,037. Including grants of $ 4,000.) (Revenue $ 220,436.)

4e Total program service expenses 36,904,689.

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	97		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 582		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

Part VI Governance, Management, and Disclosure. *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 17		
b	Enter the number of voting members included on line 1a, above, who are independent	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

James Manahan - 603-224-4093
30 Pillsbury Street, Concord, NH 03301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Beth J. Slepian President & CEO	50.00			X				443,841.	0.	15,799.
(2) Jason Edwards RN	58.00					X		283,859.	0.	31,772.
(3) Geraldine Holmes Past Chief Financial Officer	50.00			X				238,970.	0.	40,401.
(4) Lisa Dupuis Past COO	50.00					X		231,459.	0.	29,703.
(5) Deborah Mullen CIO	50.00					X		200,417.	0.	19,880.
(6) Art Savage PT	50.00					X		166,774.	0.	28,146.
(7) Shaz Anwar Hospice Medical Dir	50.00					X		141,235.	0.	6,319.
(8) Daniel L Andrus Trustee	1.00	X						0.	0.	0.
(9) Joel Arsenault Trustee	1.00	X						0.	0.	0.
(10) Brian D Duffy Trustee	1.00	X						0.	0.	0.
(11) Michelline Dufort Trustee/Past Chair	1.00	X		X				0.	0.	0.
(12) Mark Edelstein Trustee	1.00	X						0.	0.	0.
(13) Paul Greenan Trustee	1.00	X						0.	0.	0.
(14) Susan Houghton Trustee	1.00	X						0.	0.	0.
(15) Lyn Lindpaintner Trustee	1.00	X						0.	0.	0.
(16) Chris Parkinson Trustee	1.00	X						0.	0.	0.
(17) Natalya Pearl Trustee	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Corrine Smith Trustee	1.00	X						0.	0.	0.
(19) Steven Whitley Trustee	1.00	X						0.	0.	0.
(20) Michael T Griffin Chair/Past Vice Chair	1.00	X		X				0.	0.	0.
(21) Dr. David Green Vice Chair	1.00	X		X				0.	0.	0.
(22) James Mullins Treasurer	1.00	X		X				0.	0.	0.
(23) Andrea M. Stevenson Secretary	1.00	X		X				0.	0.	0.
(24) Robin Michaud Representative-At-Large	1.00	X		X				0.	0.	0.
(25) James Manahan Chief Financial Officer	50.00			X				0.	0.	0.
(26) Patricia Bourgault Past Trustee	1.00	X						0.	0.	0.
1b Subtotal								1,706,555.	0.	172,020.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,706,555.	0.	172,020.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 45

		Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation PO BOX 959156, St Louis, MO 63195-9156	Software	1,246,405.
Core Medical PO Box 306478, Nashville, TN 37230-6430	Healthcare Staffing	884,803.
Concord Hospital 250 Pleasant Street, Concord, NH 03301	Shared Services	597,615.
Simitree 4130 Whitney Ave, Hamden, CT 06518	Management Consulting/Interim A	409,625.
KBW Financial Staffing & Recruiting, 5 Bedford Farms Dr, Suite 304, Bedford, NH	Interim Finance Staffing	126,057.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 5

See Part VII, Section A Continuation sheets

Form 990 Granite VNA, Inc. 02-0222122

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Deacon Winton DeRosia	1.00									
Past Trustee		X						0.	0.	0.
(28) David Huot	1.00									
Past Trustee		X						0.	0.	0.
(29) Andrew Livernois	1.00									
Past Trustee		X						0.	0.	0.
(30) J. Kristen Gardiner	1.00									
Past Ex-Officio Trustee		X						0.	0.	0.
(31) Melvin J. Severance, CFP	1.00									
Past Ex-Officio Trustee		X						0.	0.	0.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	5,352.				
	b Membership dues	1b					
	c Fundraising events	1c	122,350.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,046,442.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,815,074.				
	g Noncash contributions included in lines 1a-1f	1g	$ 683,050.				
	h Total. Add lines 1a-1f			12,989,218.			
Program Service Revenue		Business Code					
	2a Home Care Revenue	621610		25,788,107.	25788107.		
	b Hospice Revenue	623000		7,646,431.	7,646,431.		
	c Personal Home Services Revenue	621610		2,229,566.	2,229,566.		
	d Community Services Revenue	621990		220,436.	220,436.		
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			35,884,540.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			753,946.			753,946.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	13,637,269.				
	b Less: cost or other basis and sales expenses	7b	11,811,787.				
	c Gain or (loss)	7c	1,825,482.				
	d Net gain or (loss)			1,825,482.			1825482.
	8a Gross income from fundraising events (not including $ 122,350. of contributions reported on line 1c). See Part IV, line 18	8a	12,105.				
	b Less: direct expenses	8b	25,168.				
	c Net income or (loss) from fundraising events			-13,063.			-13,063.
	9a Gross income from gaming activities. See Part IV, line 19	9a	990.				
	b Less: direct expenses	9b	0.				
	c Net income or (loss) from gaming activities			990.			990.
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			51,441,113.	35884540.	0.	2567355.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,000.	4,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	693,048.		693,048.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,956,873.	25,973,185.	5,937,724.	45,964.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,265,836.	1,027,942.	237,894.	
9 Other employee benefits	4,425,082.	3,551,804.	873,278.	
10 Payroll taxes	2,359,305.	1,880,076.	476,016.	3,213.
11 Fees for services (nonemployees):				
a Management				
b Legal	63,846.		63,846.	
c Accounting	129,000.		129,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	141,045.		141,045.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,611,137.	1,128,869.	482,268.	
12 Advertising and promotion	160,144.		160,144.	
13 Office expenses	567,244.	21,350.	545,894.	
14 Information technology	1,186,529.		1,186,529.	
15 Royalties				
16 Occupancy	383,142.	227,895.	155,247.	
17 Travel	1,191,327.	1,135,379.	55,948.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	125,883.	37,911.	87,972.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	516,893.	49,299.	467,594.	
23 Insurance	276,003.		276,003.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	1,860,160.	1,860,160.		
b Dues & Subscriptions	124,708.		124,708.	
c Fundraising Expenses	75,287.	6,819.	68,468.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	49,116,492.	36,904,689.	12,162,626.	49,177.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X [X]

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	576,473.	1	14,085.
	2	Savings and temporary cash investments	3,836,705.	2	4,964,985.
	3	Pledges and grants receivable, net	312,802.	3	6,630,038.
	4	Accounts receivable, net	10,652,489.	4	8,745,556.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	851,571.	9	681,394.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 10,928,130.			
	b	Less: accumulated depreciation — 10b: 5,635,563.	5,720,642.	10c	5,292,567.
	11	Investments - publicly traded securities	28,133,804.	11	24,125,560.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,626,312.	15	4,731,246.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	51,710,798.	16	55,185,431.
Liabilities	17	Accounts payable and accrued expenses	3,342,314.	17	3,915,265.
	18	Grants payable		18	
	19	Deferred revenue	783,057.	19	469,748.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	102,150.	25	104,962.
	26	Total liabilities. Add lines 17 through 25	4,227,521.	26	4,489,975.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here [X] and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	40,676,386.	27	41,122,624.
	28	Net assets with donor restrictions	6,806,891.	28	9,572,832.
		Organizations that do not follow FASB ASC 958, check here [ ] and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	47,483,277.	32	50,695,456.
	33	Total liabilities and net assets/fund balances	51,710,798.	33	55,185,431.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,441,113.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,116,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,324,621.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	47,483,277.
5	Net unrealized gains (losses) on investments	5	834,434.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	2.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	53,122.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,695,456.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .....

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2021 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	548,033.	1569428.	10191773.	4140158.	12989218.	29438610.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	32145012.	31878337.	36058675.	34963551.	35884540.	170930115
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	32693045.	33447765.	46250448.	39103709.	48873758.	200368725
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.	11,000.			7,040.	28,040.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	10,000.	11,000.			7,040.	28,040.
8 Public support. (Subtract line 7c from line 6.)						200340685

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	32693045.	33447765.	46250448.	39103709.	48873758.	200368725
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	559,632.	559,411.	511,750.	954,322.	753,946.	3339061.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	559,632.	559,411.	511,750.	954,322.	753,946.	3339061.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					990.	990.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	33252677.	34007176.	46762198.	40058031.	49628694.	203708776

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	98.35 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.31 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2022** (line 10c, column (f), divided by line 13, column (f))	17	1.64 %
18 Investment income percentage from **2021** Schedule A, Part III, line 17	18	1.67 %

19a **33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.**	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b	

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

		Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	3b	

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI). See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	
2 Enter 0.85 of line 1.	2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4 Enter greater of line 2 or line 3.	4	
5 Income tax imposed in prior year	5	
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions

			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* Part VI)	5	
6	Other distributions (*describe in* Part VI). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - *explain in* Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* Part VI. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE C (Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
Granite VNA, Inc.	02-0222122

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,669.
j Total. Add lines 1c through 1i			7,669.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B, Line 1, Lobbying Activities:

The Organization pays dues to various organizations, some to which a portion of the dues are attributable to lobbying expenses.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
Granite VNA, Inc.

Employer identification number
02-0222122

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ____

4 Number of states where property subject to conservation easement is located ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 $ ____

(ii) Assets included in Form 990, Part X $ ____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 $ ____

b Assets included in Form 990, Part X $ ____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	19,306,027.	24,218,517.	21,943,979.	3,571,777.	3,634,552.
b Contributions				17,045,988.	
c Net investment earnings, gains, and losses	2,157,000.	-3,586,632.	2,944,400.	1,996,076.	109,087.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,797,266.	1,325,858.	669,862.	669,862.	171,862.
f Administrative expenses					
g End of year balance	12,665,761.	19,306,027.	24,218,517.	21,943,979.	3,571,777.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 72.4740 %
b Permanent endowment 27.5260 %
c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations (3a(i))		X
(ii) Related organizations (3a(ii))		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? (3b)

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		306,000.		306,000.
b Buildings		5,745,191.	1,173,304.	4,571,887.
c Leasehold improvements		1,160,818.	1,065,509.	95,309.
d Equipment		3,716,121.	3,396,750.	319,371.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				5,292,567.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial Interest in Perpetual Trusts	1,577,284.
(2) Deferred Compensation	104,962.
(3) Asset held for Sale	674,000.
(4) Hospice House Lease Receivable	2,375,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,731,246.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deferred Compensation	104,962.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	104,962.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	52,212,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	834,434.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	25,168.		
e	Add lines 2a through 2d			2e	859,602.
3	Subtract line 2e from line 1			3	51,353,190.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141,045.		
b	Other (Describe in Part XIII.)	4b	-53,122.		
c	Add lines 4a and 4b			4c	87,923.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	51,441,113.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	49,000,615.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	25,168.		
e	Add lines 2a through 2d			2e	25,168.
3	Subtract line 2e from line 1			3	48,975,447.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	141,045.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	141,045.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	49,116,492.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

The Endowment funds are used to subsidize charitable care, support community programs that have no outside funding, provide seed money for program expansion and new programs and to make capital improvements to the Hospice House.

Programs and Services supported by the Agency's funds include Community Health Education including "Better Choices, Better Health" a program that assists older adults in learning more effective ways of self-managing their chronic condition to improve their quality of life and "A Matter of Balance" a program that assists older adults in reducing their fear of falling and improving their activity levels, health clinics for seniors

that provide screenings, footcare, ear wax removal, and other related services and immunization clinics. In addition, the Hospice Program and the Hospice House are supported through charitable funds to provide subsidized or free services; bereavement support groups, Hospice volunteer training and community education.

Part X, Line 2:

The Association is a tax-exempt entity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Association is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Association's tax positions and concluded that the Association has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Part XI, Line 2d - Other Adjustments:

Fundraising Expenses	25,168.

Part XI, Line 4b - Other Adjustments:

Change in Fair Value of Beneficial Interest in Perpetual Trusts	-53,122.

Part XII, Line 2d - Other Adjustments:

Fundraising Expenses	25,168.

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SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Passion for Caring (event type)	(b) Event #2 Lights, Life and Memories (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	51,234.	63,046.	20,175.	134,455.
	2 Less: Contributions	39,129.	63,046.	20,175.	122,350.
	3 Gross income (line 1 minus line 2)	12,105.			12,105.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,750.			1,750.
	7 Food and beverages	5,305.			5,305.
	8 Entertainment				
	9 Other direct expenses	4,372.	9,407.	4,334.	18,113.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				25,168.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-13,063.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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Part IV Supplemental Information *(continued)*

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Beth J. Slepian	(i)	401,282.	38,750.	3,809.	13,585.	2,214.	459,640.	0.
President & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jason Edwards	(i)	282,805.	870.	184.	12,254.	19,518.	315,631.	0.
RN	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Geraldine Holmes	(i)	223,070.	15,867.	33.	10,542.	29,859.	279,371.	0.
Past Chief Financial Officer	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Lisa Dupuis	(i)	215,279.	15,867.	313.	10,079.	19,624.	261,162.	0.
Past COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Deborah Mullen	(i)	188,600.	11,811.	6.	8,573.	11,307.	220,297.	0.
CIO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Art Savage	(i)	165,934.	646.	194.	7,399.	20,747.	194,920.	0.
PT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 7:

The bonus compensation paid to Beth Slepian & Geraldine Holmes are determined based on the executive compensation policy conducted for the Organization, and therefore are non-fixed in nature.

The bonus compensation paid to Jason Edwards, Linda Flewelling, Deborah Mullen, Lisa Dupuis, Art Savage, and Andrew Westbrook was part of an agency recognition which was given to all staff.

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SCHEDULE L (Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total					$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Kristin Green	Family Member of Vi	16,185.	Wages		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Kristin Green

(b) Relationship Between Interested Person and Organization:

Family Member of Vice Chair

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other	X	3	674,000.	Appraised Value
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (Auction Items)	X	3	9,050.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: Granite VNA, Inc.

Employer identification number: 02-0222122

Form 990, Part I, Line 1, Description of Organization Mission:

preventive and supportive health care services. Our mission is to provide and facilitate comprehensive care in the home and community to optimize health, well-being, and independence. Our services include Skilled Nursing; Physical Therapy, Occupational Therapy, & Speech Therapy; Homemaking; Maternal/Child Health; Social Work; Hospice Care; Palliative Care, Personal Home Services; Pediatric Care; Nutritional Counseling; Senior Health Clinics; Flu Immunization Clinics; Immunization Clinics; Blood Pressure Clinics; and Community Education.

The agency's service area includes Merrimack County Belknap County, Carroll County, and portions of Hillsborough County, representing more than 82 communities in central New Hampshire. Granite VNA serves over 11,228 patients annually and provides more than 173,585 homecare visits and approximately 44,707 hospice days annually, including a 10-bed Hospice

Form 990, Part I, Line 1 Description of Organization Mission (Cont'd):

House. Patients who are uninsured, underinsured, or otherwise unable to pay the published fees for services are provided charity care.

In the Fiscal Year 2023, Granite VNA, Inc.'s Home Care Program provided care to 10,070 patients. Twelve percent (12%) of the patients served in the Home Care Program were uninsured or received funding from Medicaid. In addition, 74% of the Home Care patients had Medicare or Medicare replacement plans as their insurance plan. The Hospice program provided

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Name of the organization: Granite VNA, Inc.

Employer identification number: 02-0222122

care to 1158 patients. Eighty nine percent (89%) of the Hospice patients had Medicare and 2% of the patients were uninsured or received funding from Medicaid.

We are a 501(c)(3) non-profit agency and a subsidiary of Capital Region Health Care. Granite VNA is a Medicare and Medicaid Certified Home Health and Hospice Provider and is licensed by the State of New Hampshire Bureau of Health Care Facilities. In addition, Granite VNA's Hospice House, an inpatient setting providing care and comfort for the terminally ill, is licensed by the State of New Hampshire as a Supportive Residential Care Facility.

Form 990, Part III, Line 3, Changes in Program Services:
Personal Care Services program was closed on 10/31/2022

Form 990, Part III, Line 4d, Other Program Services:
Community Health Services - provides community based health care services in individual homes and clinic setting including senior health clinics, immunization clinics, and community health education including "Better Choices, Better Health" a program that assists older adults in learning more effective ways of self-managing their chronic condition to improve their quality of life and "A Matter of Balance" a program that assists older adults in reducing their fear of falling and improving their activity levels.
Expenses $ 3,147,037. including grants of $ 4,000. Revenue $ 220,436.

Form 990, Part VI, Section A, line 4:

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Name of the organization: Granite VNA, Inc.

Employer identification number: 02-0222122

The Organization made changes on the Board of Trustee, including the number of members and composition, the terms of office, removal of trustee, quorum and voting.

Form 990, Part VI, Section A, line 6:

Capital Region HealthCare Corporation is the sole member of Granite VNA Inc.

Form 990, Part VI, Section A, line 7a:

Capital Region HealthCare Corporation accepts any changes made to the bylaws by the governing body.

Form 990, Part VI, Section B, line 11b:

The role of Concord Regional Visiting Nurse Association's Audit Committee has expanded to include review of the agency's 990.

The Audit Committee engages the auditors and receives the audit and the 990 Report.

The Audit Committee receives a complete copy of the 990 including all schedules. The initial presentation of the FY2023 audit and the 990 Form will occur at the December 12th, 2023, meeting of the Audit/Finance Committee meeting. Subsequent Audit Committee meetings will occur if necessary to complete the review.

The Audit Committee will report to the Board of Trustees that a review of the 990 has occurred.

The Board of Trustees accepts the Audit Committee reports, the audit, and

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Name of the organization: Granite VNA, Inc.

Employer identification number: 02-0222122

the 990 documents. All members of the Board will have access to the reports. The Form 990 is available to the public upon request.

Form 990, Part VI, Section B, Line 12c:

The Conflict of Interest, Statement of Conflict of Interest with Respect to a Relationship, Transaction and/or Financial Interest form was revised by the Audit Committee in February 2010 and approved by the Board in March 2010. The form was revised to ensure compliance with the State of NH Pecuniary Benefit Law (Chapter 7: RSA 7:19a) and the revised IRS 990 disclosure requirements.

The Executive Assistant worked with Board members to ensure each member had returned the Conflict-of-Interest Forms. In FY2023, 100% of the Board of Trustees returned the signed conflict of interest forms.

The Audit Committee at its May 11th, 2023, meeting reviewed the forms for those Trustees that reported a conflict of interest. The Audit Committee reported to the full Board the conflict-of-interest transactions that had been disclosed on the conflict-of-interest forms. The Board at its June 13, 2023, meeting approved the conflict-of-interest disclosures.

There was one pecuniary conflict reported.

In addition to the annual completion of the form, Trustees were asked at every Board meeting during Fiscal Year 2022, if there were any conflicts that they have identified that should be reported to Management and the Board.

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Name of the organization: Granite VNA, Inc.

Employer identification number: 02-0222122

Form 990, Part VI, Section B, Line 15:

The Board at its November 10, 2020, meeting updated the Executive Compensation policy. The Board of Trustees of Granite VNA's primary objective with this policy is to provide a reasonable and competitive total compensation package consistent with market-based compensation practices for the Chief Executive Officer, and other members of the leadership team, who possess the experience and skills needed to achieve the goals of the organization

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Granite VNA, Inc.
30 Pillsbury Street
Concord, NH 03301
EIN 02-0222122

Granite VNA, Inc. is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Fair Value of Beneficial Interest in Perpetual Trusts 53,122.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

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2022

Open to Public Inspection

Name of the organization

Granite VNA, Inc.

Employer identification number

02-0222122

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
Capital Region Health Care Corporation - 02-0222123, 250 Pleasant Street, Concord, NH 03301	Health Care Services	New Hampshire	501(c)(3)	Line 12b, II	N/A		X
Concord Hospital, Inc. - 22-2594672 250 Pleasant Street Concord, NH 03301	Patient Care Services	New Hampshire	501(c)(3)	Line 3	N/A		X
Riverbend Community Mental Health, Inc. - 02-0264383, 3-5 North State Street, P.O. Box 2032, Concord, NH 03302	Mental Health Services	New Hampshire	501(c)(3)	Line 7	N/A		X
Capital Region Health Care Development Corporation - 02-0429749, 250 Pleasant Street, Concord, NH 03301	Management of Real Estate Holdings	New Hampshire	501(c)(2)		N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

232161 09-14-22 LHA

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Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b		X
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		X
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Concord Hospital, Inc.	L	105,685.	
(2)	Concord Hospital, Inc.	P	284,515.	
(3)				
(4)				
(5)				
(6)				

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Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Granite VNA

BOARD OF TRUSTEES

Michael Griffin, Chair
Dr. David Green, Vice Chair
James Mullins, Treasurer
Andrea Stevenson, Secretary
Robin Michaud, Representative-At-Large
Beth Slepian, President/CEO

Daniel Andrus
Joel Arsenault
Brian Duffy
Michelline Dufort
Mark Edelstein
Susan Houghton
Daniel Kaplan
Lyn Lindpaintner, MD
Chris Parkinson
Natalya Pearl
Corrine Smith
Maura Weston
Steven Whitley

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Jennifer Brechtel

Objective

Seeking an exciting and challenging opportunity in an organization where my skills and knowledge can be used to the fullest.

Employment History

Community Benefit Manager

March 2007 – Present Granite VNA, Concord, NH

- Manage the agency's efforts in assessing the community's health needs and assets
- Develop and manage community health outreach initiatives
- Measure and report program accomplishments and results
- Leverage partnerships with other organizations to enhance the impact of community benefit programming
- Previous positions include Community Liaison and Community Health Coordinator

Operations Trainer

July 2000 – March 2007 Anthem Blue Cross Blue Shield, Manchester, NH

- Provided training in all lines of business to customer service representatives
- Designed and developed customer service training curriculum
- Created and updated documentation used by customer service to resolve customer inquiries
- The M.A.G.I.C® of Customer Relations Certified Facilitator
- Previous positions include Customer Service Representative, Researcher, and Performance Specialist

Store Manager

May 1995 – July 2000 Lady Foot Locker, Concord, NH

- Responsible for inventory management and sales goals, including development and organization of store and vendor promotions
- Management of all store personnel including, hiring, associate development, scheduling, conflict management, and performance reviews.
- Previous positions include Assistant Store Manager and Sales Associates

Professional Affiliations

Penacook Community Center Board of Directors
September 2013 – August 2020

GoodLife Programs & Activities Board of Directors
June 2018 – June 2021

Education

Bachelor of Science; Plymouth State University, Plymouth, NH
Health Education; Focus: Wellness Management

Certificates

Certified Health Education Specialist (CHES)
Master Trainer – "A Matter of Balance: Managing Concerns About Falls"
Master Trainer – "Better Choices, Better Health Chronic Disease Self-Management Program
Master Trainer – "Powerful Tools for Caregivers"

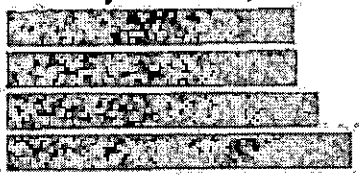
References

References are available on request.

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Schelley Rondeau, R.N.



Experience:

School Nurse- Tuftonboro Central School K-6 **2021- present**

Responsible for student health

Pediatric Home Care Nurse/Home Visiting Nurse/Supervisor
Granite Visiting Nurses **2021- present**

Responsible for pediatric home care clients

MCH Coordinator/Pediatric Program Manager **2010-2021**
Central NH VNA and Hospice, Laconia & Wolfeboro, Inc., NH 03894.

Responsible for pediatric program administration and coordination as well as case management and home visiting according to MCH contract guidelines.

Home Health Nurse/Maternal Child Health Nurse **1997-2010**
VNA-Hospice of Southern Carroll County and Vicinity, Inc. Wolfeboro, NH 03894

Responsible for primary client care for home health patients, maternal-newborn visits, home visiting for Good Beginnings program, Child Health Program, collaborates with parent educator and community resources.

Responsible for Children and adults' immunization clinics

Intake Nurse **1995 - 1997**
VNA-Hospice of Southern Carroll County and Vicinity Wolfeboro, NH

Responsible for intake of new referrals, staff scheduling, case management and supervision of staff nurses

U.S. Army Staff Nurse, R.N. **1991-1995**
Gorgas Army Community Hospital, U.S. Canal Zone, Republic of Panama

Supervision and Staff Nurse on a Pediatric Ward

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Education and Awards

Bachelor's in Nursing Norwich University, Northfield, Vermont	**1982 -1986**
U.S. Army, Commander's Award for Public Service-	**June 1995**
Superior Performance Award from Gorgas Army Community Hospital	**June 1995**
Certified as Lactation Counselor	**1997-Present**
Certified in Parents as Teachers program	**2012-Present**
Certified in Growing Great Kids Program	**2012-Present**

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RYAN A. MARCHAND

MISSION

I'd like to empower community members and new parents through skill-building, resource connection, reflection, and evidence-based practices.

EXPERIENCE

Program Manager/Supervisor/FAW, Healthy Families America, BM-CAP - 2022-present

Oversees HFA program, ensuring our site follows and upholds up to date Best Practice Standards. I also supervise and provide guidance for one family support specialist with weekly reflective supervision. Additionally, I screen/enroll referrals using the FROG tool.

Family Support Specialist, Healthy Families America, BM-CAP – 2018-2022

As a Home visitor/FSS, I was responsible for building relationships with new and expecting parents in the area, as well as connecting them with community resources to promote a sense of confidence and build protective factors for participating families. I employed the Parents as Teachers curriculum during these visits.

EDUCATION

Lakes Region Community College, Laconia, NH — Computer Technologies, 2013 - 2015

Plymouth State University, Plymouth, NH — BA, Communications, 2007

SKILLS SUMMARY

- Familiarity with up to date HFA Best Practice Standards
- Records available for HFA FSS/FAW/FROG/Supervisory trainings
- Trauma-informed home visiting and motivational interviewing expertise
- Reflective Supervision experience with home visiting staff, nurturing professional growth
- Dependability, collaboration and friendliness as a baseline in home and work life
- Excellent time and resource management skills, flexible and pragmatic problem solving
- Administrative organization with special attention to confidentiality
- Course-backed Microsoft Office Suite expertise (Word, Excel, PowerPoint, Outlook, Access)

References available upon request

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Sarah Love

Skills

I am a passionate and dedicated life-long learner who values respectful communication, collaborative problem solving, authentic and joyful engagement. I am patient, adaptable and hard working. I love to weave my joy of gardening, cooking, exploring and singing with my sense of humor to create loving, engaging and meaningful moments and environments.

Experience

2021-Present

The Sandwich Children's Center, Sandwich NH - *Co-Director/Lead Toddler Teacher/Program Coordinator*

As Lead Toddler Teacher:

- Follows state DHHS/CCLU rules and regulations to maintain a physical and emotional safe space for all children and families
- Responsible for the creation of program philosophy and ensures it reflects best practices in foundations of early child development according to NAEYC
- Observes regularly in classrooms and serves as a role model and mentor in all aspects of interaction with children, families and staff
- Conducts home visits with all families in order to foster a respectful partnership to ensure each family and child are visible in the classroom
- Responsible for child observations, assessments and documentation of children's development and exploration according to Developmentally Appropriate Practice
- Partners with local school district professionals to conduct referrals to local resource agencies
- Works with all staff to create a reflective, respectful, professional and empowering ECE culture through weekly staff meetings, professional development days and daily communication

As Co-Director:

- Ensures the Center's adherence to all state and local health, safety, and licensing regulations to maintain a physical and emotional safe space for all children, families and staff.
- Responsible for operating the Center in accordance with the approved budget. Works with the bookkeeper to be sure all financial files and records are thorough, accurate, regularly maintained and up-to-date.
- Responsible for the daily operations of the program including budget, billing, health and safety practices, hiring, training, promoting, supervising and problem solving with staff in order to create an effective environment conducive of growth and learning.
- Establishes procedures for interviewing prospective families, enrolling students and providing financial aid information.
- Facilitates orientation and adjustment of all newly enrolled children and their families.
- Establishes open and warm relationships with families and community members. Responds to requests and concerns in a timely and respectful manner.

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- Maintains professional development plans, conducts annual reviews and reviews of policy handbooks.
- Attends bi-monthly Board of Directors meetings as an ex-officio member to maintain cohesive program philosophy and mission.
- Establish a culture of professionalism and commitment to best practices according to NAEYC competencies and code of ethics
- Executing the program's mission as well as developing and carrying out program policies and procedures that support that mission
- Advocates for all children being able to gain access to quality programming

2017-2020

Barton Family, Moultonboro NH - *Family Helper*

- Supporting parents in the home setting during caregiving routines for their infant and two toddlers.
- Errand running, grocery shopping
- Planning and preparing nutritious weekly meals
- Lite house keeping

2015-2020

Squam Lake Inn/Squam Lake Marketplace, Holderness NH-*Bar/Kitchen Manager*

- Leading front of the house/back of the house teams which included hiring and training new staff, ensuring staff complies with company policy and healthy/safety regulations.
- Managing inventory/finances
- Overseeing daily operations
- Ensuring customer satisfaction and handling conflicts
- Menu creation for daily operation as well as special events coordination
- Maintaining SERVSAFE certification
- Working with upper management to create a respectful, cooperative and positive work environment for customers and staff alike.

2008-2009

Sandwich Children's Center, Sandwich NH - *Afternoon Preschool Teacher*

- Supporting children during afternoon rest.
- Creating a safe and inclusive environment for children to explore and play.
- Age appropriate curriculum development and implementation.
- Forming partnerships with families in order to bridge home and school life.

Spring 2008

Cabrillo College Children's Center One's Classroom, Aptos CA - *Student Intern*

- Planning and implementing a balance of individual and group activities based on careful observation of each child's social, emotional, cognitive and physical needs.
- Conflict resolution techniques that promoted cooperation and empathy.
- Use of DAP (Developmentally Appropriate Practice) for assessing and observing children.
- Daily family check-ins and monthly family workshops.

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2004-2008

Tara Redwood School, Soquel CA-*Co-Teacher Multiage (3-5) Preschool Classroom*

- Utilized my extensive foundation of early childhood development to create a safe, predictable, respectful, age appropriate and inclusive preschool classroom that fostered each child's innate curiosity about the richly diverse physical world around them.
- Helped to cultivate a classroom culture rich in language, the sciences, art, music and movement that assisted children in feeling competent, valued, seen and heard.
- Created a curriculum for children that helped them to make connections to the natural world around them.
- Assisted in fostering the development of warm relationships between children, their caregivers and peers through meaningful dialogue, mindfulness exercises and respectful conflict resolution techniques.
- Assisted in making all families feel visible and honored by encouraging family participation in the classroom.
- Working with upper management to create a respectful, cooperative and positive work environment for customers and staff alike.

Education

2005-2008

Cabrillo College, Aptos CA - *AS Early Childhood Education*

Specialization Certificates

- Anti Bias Curriculum
- Working with Culturally Diverse Families
- Curriculum Planning
- Peace Education and Children's Literature

1997-2000

University of Southern Maine, Portland ME -***Undergraduate General Education***

Certifications/Licenses/Trainings

- State of California Family Day Care License Tara Redwood School 2011-2012
- UCSB Extension Montessori World Institute Certificate Sensorial and Practical Life
- UCSB Extension Montessori World Institute Certificate Pre K Math and Language
- UCSB Extension Montessori World Institute Certificate Beginner Math and Language
- Creating Compassionate Cultures Educator/Caregiver Training
- Attended RIE 2022 Annual Conference Online with keynote speaker Dr. Dana Suskind
- Attended webinar Creating Culturally Inclusive Family Programs with Antioch University and Unearthing Joy Together

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Betsy A Stipo

Objective - in pursuit of a position to apply skills used in education to a new opportunity

Work Experience

PITTSFIELD ELEMENTARY SCHOOL, Pittsfield, NH

-Title One Reading Teacher

Organize,plan and implement small lessons for emergent readers in Grades K-5

THE PAUL SCHOOL, Wakefield, NH

-Special Education Case Manager, January 2022 - June 2023

Implement and write IEPs

-ABA Tutor, February 2021-January 2022

Implement Applied Behavior Analysis techniques, run discrete trials, support autistic students as needed

MOULTONBOROUGH CENTRAL SCHOOL, Moultonborough, NH

-Special Education Paraprofessional, September 2019-November 2021

-Title One Teacher, November 2019-February 2021

Work with small groups in primary grades teaching reading strategies, developing sound/letter awareness

CRESCENT LAKE SCHOOL, Wolfeboro, NH

-Special Education Paraprofessional, September 2018-June 2019

OSSIPEE CENTRAL SCHOOL, Ossipee, NH

Docusign Envelope ID: E7E67423-091B-4370-AC2F-6C3066490311

-Special Education Paraprofessional, September 2017-June 2018

-5th Grade Teacher, November 2017-February 2018

Follow curriculum while teacher was on maternity leave.

Education
Centenary University, Hackettstown, NJ
B.S. Elementary Education and Psychology (May2001)

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Desiree A MacKinnon

Early Childhood Educator, Ma. Dept of EEC Certified for Director 1, Lead Preschool, Infant/Toddler Teacher, BA in Education and Home Visitor with twenty plus year of classroom experience,teacher management and parent and family engagement.

Experience

Sandwich Children's Center Sandwich NH — July 2022-Present

Preschool Co-Teacher in a play-based,child-led, nature-inspired classroom of children aged 3 to 5 years old

- Curriculum planning to enhance development and learning based on children interests and the five domains of early childhood education..
- Help children develop skills for social-emotional literacy and conflict resolution.
- Observe, document and Assess Children's Learning and Development.

Head Start Home Based Home Visitor — South Middlesex Opportunity Council — 2011-2022

In accordance with Head Start and Mass. EEC regulations, work directly with children and their families to support the school readiness of children aged three to five through social/emotional,cognitive,physical, language and literacy activities.

- Observe and record and assess children's development, using TSG.
- Create weekly individualized plans for children.
- Create bi monthly plans and implement in a classroom.
- Advocate for children and their families by meeting their individual needs.
- Strengthen family relationships and family involvement.

Parent-Child Home Program — Montachusett Opportunity Council — 2008-2011

- Educational enrichment program for children at home and for Family Day Care providers using books and toys.
- Develop and implement educational lesson plans.
- Model verbal interaction and learning to parents through reading and play with children aged 16 months to 4 years
- Model verbal interaction and learning to Family Day Care providers and children aged 0-7 years.

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MRO Integrated Solutions (Formally CSF Technologies and Praxair) 1998-2008

- Inside sales, customer service and warehouse technician
- Responsible for RFQ,RFP, creating sales orders, product sourcing, purchasing materials, maintain monthly and yearly material requirement inventory,manage product inquiries, receive shipments and enter data into inventory system using Excel and Word, daily shipping using UPS and Fed EX.

Tahanto Regional Middle High School Preschool program: substitute, 1993-1998

The Learning Center for Children Co-Founder, Owner, Teacher 1987-1990

- Group day care serving infants, toddlers and preschoolers
- Responsibilities include: Teacher for infant/toddler and preschool classrooms,hiring and managing of four professional staff,provide training and workshops,collaborate with staff to plan weekly curriculum, jointly administer the center by creating policies and procedures and prepare site for licensing..

Arlington Children's Center 1983-1986

- Lead Toddler Teacher
- Design and implement curriculum for children ages 2 -3 years old.
- Organize parent teacher conferences.
- Develop and plan staff meetings.
- Manage four teachers and six aides.
- Ensure two toddler classrooms were organized and operating per the centers guidelines.

Woburn Children's Center Team Teacher 1982-1983

- Team teaching approach a group of seven to nine toddlers.
- Curriculum planning and classroom organization
- Provide a safe learning environment.

Education

- Bachelor of Arts in Education UMass Amherst 1979-1982
- Mass. Bay Community College 1976-1978

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3|5 2:00pm

Maureen Paul

Objective

- To obtain a position with your organization utilizing my knowledge and experience as well as challenging my abilities.

Education

MEDICAL BILLING SPECIALIST | 1999 | HO HO KUS SCHOOL (EASTWICK COLLEGE)

- Medical billing and coding

CRIMINAL JUSTICE | 1991 | BERGEN COMMUNITY COLLEGE

- Criminology, Sociology

PHARMACY TECH CERTIFICATE | 2014 |

- Acquired through cross training and hands on experience while overseen by a licensed pharmacist.

Experience

ACCOUNTS PAYABLE & ACCOUNTS RECEIVABLE COORDINATOR |THE HOMEMAKERS HEALTH SERVICES, ROCHESTER NH | 2016-2018

- (AP) Weekly billing Medicare, Medicaid and Third Party Insurances, daily follow up on unpaid claims, maintained cash sheets, daily bank deposits, and maintained petty cash

- (AR) Input weekly invoices, managed payables, assisted CFO with month end process,

BILLING SPECIALIST | LAKEVIEW NEURO REHAB, WOLFEBORO NH | 2011-2015

- Input charges, followed up on claims, managed client funds, assisted CFO with month end closing, collections, insurance verifications

MEDICAL BILLER | FRISBEE HOSPITAL, ROCHESTER NH | 2009-2011

- Input charges, followed up on claims, patient relations

MEDICAL BILLER AND RECEPTIONIST | PAUL DEMASI D.O., WOLFEBORO NH | 2003-2004

- Billing of Medicare, Medicaid and third party insurances, posted payments, insurance verifications, collections, scheduled patient appointments

MEDICAL BILLER | MERRIAM GRAVES MEDICAL, WOLEBORO NH | 2000-2003

- Billing of Medicare, Medicaid and third party insurances for two offices, posting of payments, tracking unpaid claims, insurance verifications, collections, coding durable medical equipment (CPT,ICD-9)

MEDICAL BILLING MANAGER | PRIME RECEIVABLES, ORADELL NJ | 1999-2000

- Managed billing for 13 physicians, managed a staff of 5 employees, billing and tracking of claims, posting payments

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MEDICAL BILLER AND RECEPTIONIST |ALEXANDER MAZZIOTTI MD, HAWTHORN NJ | 1998-1999

- Billing, collections, scheduling appointments for patients

MANAGER | COGER FARMS AND GARDEN CENTER INC, SADDLE BROOK NJ | 1989-1998

- Managed a staff of 5 employees, ordering and receiving, scheduling, payroll, billing, data entry, customer relations

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Heather Fritzky

Work Experience:

State of New Hampshire:

- **February 2006 – Present New Hampshire Retirement System, Assistant Director of Finance/Controller:**
  - Assist the Director of Finance with preparation and monitoring of NHRS' operating budget(s) that aligns with strategic plan and objectives
  - Provide cash forecasts for annuitant payroll, operational and investment cash
  - Recommend cost-savings and operational efficiencies for NHRS
  - Analyze results of actuarial valuation and coordinates actuarial activities in conjunction with the audit, Annual Comprehensive Financial Report (ACFR) and GASB reports
  - Supervises assigned staff including assessing training and development needs and management of workload and workflow
  - Implement and maintain effective internal controls
  - Responsible for employer reporting, posting of wages and contributions, reconciliation of discrepancies, processing billings, refunds, assessing delinquent penalties and reviewing waiver requests as appropriate
  - Oversee the completion and filing of the annual 945 IRS form
  - Responsible for preparing, processing and issuing of all 1099 forms to retirees, beneficiaries and vendors
  - Plan, coordinate and prepare the ACFR, GASB 68 and GASB 75 reports
  - Work directly with NHRS's external auditor to provide all necessary information to complete the annual financial & GASB audits
  - Implement all relevant and necessary GASB pronouncements, most recently GASB 67, 68, 72, 74 & 75
  - Oversee processing of all journal entries to account for the NHRS' trust fund using Microsoft Dynamics ($11.6 Billion-dollar trust fund)
  - Reporting monthly financial condition of trust fund to members and Board of Trustees using Microsoft Dynamics, management reporter and Microsoft Excel software
  - Responsible for planning, procurement, implementation and maintenance of financial software systems to meet organizational and reporting needs.
  - Responsible for all aspects of cash management including cash receipts and disbursements as well as establishing appropriate internal controls and policies
  - Provide all financial data necessary for the System's actuary to complete the valuation which is used to determine employer contribution rates for future years
  - Supply key financial information to the State of NH for input in their ACFR

- **June 2000- February 2006 New Hampshire Retirement System, Accountant:**
  - Assisted in preparation of Comprehensive Annual Financial Report (CAFR)
  - Processing journal entries to account for trust fund using Solomon VI ($6.1 Billion-dollar trust fund)
  - Reporting monthly and quarterly financial condition of trust fund to members and Board of Trustees using Pagemaker, FRX report writer and Microsoft Excel software
  - Provide all necessary information for financial audit to System's external auditors
  - Reconciling pension benefit system to general ledger
  - Reduced monthly reporting package for the Board of Trustees by 90 percent
  - Assisted in implementing GASB 34
  - Tracked contributions made and distributions received for all alternative investments using Microsoft Excel, 48 funds

- **November 1998-June 2000 Department of Administrative Services, Financial Reporting, Accountant I:**
  - Reconciled monthly activity for general fund, special fund, capital fund, fish & game, and highway fund
  - Produce the comprehensive annual financial report (CAFR) using pagemaker
  - Developed condensed monthly revenue report to be sent to Governor's Office, House and Senate leaders as well as other key state officials using pagemaker
  - Prepared CAFR and other interim reports for viewing on the state website using pagemaker and excel
  - Processed payment vouchers in the State's financial system
  - Processed required year end entries to facilitate fiscal year end closing

- **May 1995-November 1998 Department of Administrative Services, Business Office, Accounting Technician:**
  - Processed payments for all court facility expenditures using the State's financial system, 13 owned and 46 leased properties
  - Tracked and paid all capital expenditures for courthouses under construction, as many as 6 at one time
  - Processing and tracking leave time for all administrative service employees using the State's payroll system, 325 employees
  - Responsible for developing and inputting operating budget for court facilities using the State's financial system
  - Producing special reports as requested by administrator of court facilities or business supervisors

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Education:

2005 Bachelors' degree in Accounting Southern New Hampshire University, member of Delta Mu Delta honor society
2002 Certified Public Managers Program certificate, George S. Askew Award winner
2001 Associates degree in Business Administration with Specialization in Accounting, New Hampshire Technical Institute
1999 Certified Public Supervisors Program certificate

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Granite VNA

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Jennifer Brechtel	Director (HFA Program Manager)	$95,710	0%	
Schelley Rondeau	HFA Supervisor	$67,517	100%	$67517
Ryan Marchand	Family Support Specialist	$53,560	100%	$53,560
Sarah Love	Family Support Specialist	$53,560	100%	$53,560
Betsy Stipo	Family Support Specialist	$52,000	100%	$52,000
Desiree MacKinnon	Family Support Specialist	$40,170	100%	$40,170
Heather Fritzky	Controller	$117,000	0%	
Maureen Paul	Finance Specialist	$57,125	0%	

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ARC

18

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

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

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

March 12, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Sole Source** amendments to existing contracts with the Contractors listed below **in bold** to continue providing home visiting services, by increasing the total price limitation by $132,023 from $9,656,948 to $9,788,971 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% General Funds.

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Community Action Partnership of Strafford County Dover, NH	177200-B004	Rochester Catchment Area	$1,224,446	$0	$1,224,446	O: February 8, 2023, Item #39
Granite VNA, Inc. Concord, NH	**174069-R001**	**Conway Catchment Area**	**$1,055,241**	**$10,000**	**$1,065,241**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #26
The Family Resource Center at Gorham Gorham, NH	**162412-B001**	**Berlin and Littleton Catchment Areas**	**$1,805,113**	**$40,000**	**$1,845,113**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #27
Waypoint Manchester, NH	**177166-B002**	**Concord, Manchester, Seacoast& Southern Catchment Areas**	**$5,572,148**	**$82,023**	**$5,654,171**	O: February 8, 2023, Item #39
		Total:	**$9,656,948**	**$132,023**	**$9,788,971**	

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

See attached fiscal details.

EXPLANATION

This request is **Sole Source** to allow the Department to add funding to amend the scope of services for one (1) of the Contractors, The Family Resource Center at Gorham, to add a Family Engagement Specialist. In addition, the Department is adding funding to increase staffing allocations for the other two (2) Contractors for fiscal management and oversight activities.

The purpose of this request is to increase the number of families enrolled and retained in home visiting services in the North Country by The Family Resource Center at Gorham by supporting a Family Engagement Specialist position. The Family Engagement Specialist will engage new and existing referral partners and maintain community and family relationships. In addition, the funding will allow Granite VNA and Waypoint to support staffing for fiscal management to comply with added reporting requirements in the current contract year.

Approximately 357 families will be served during State Fiscal Years 2024 and 2025.

The Contractors provide voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age, by utilizing the Healthy Families America (HFA) evidence-based Home Visiting model and its Child Welfare protocols. This nationally recognized model demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. In addition, the HFA model has demonstrated a reduction in child maltreatment and family violence. HFA is currently being provided in every county in New Hampshire.

The Department will continue to monitor services through:

- Data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Quarterly data reviews of program performance across 19 federally defined performance measures.
- Quarterly review of data entered into model-specific tracking documents by the contractor to ensure fidelity to the requirements of the evidence-based model.
- Quarterly data reviews to ensure that at least seventy-five percent (75%) of expected home visits occur based upon the individual level of service to which each family is assigned.
- Annual sub-recipient monitoring site visits to ensure compliance with contract and model requirements, utilizing tools developed by the home visiting program and the Healthy Families America model.

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Should the Governor and Council not authorize this request, The Family Resource Center at Gorham will be unable to increase the number of families enrolled and retained in home visiting services in the North Country. In addition, Granite VNA and Waypoint will not have the ability to improve fiscal management and oversight activities.

Respectfully submitted,

Lori A. Weaver
Commissioner

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Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5895 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, HOME VISITING FORMULA GNT
96% Federal Funds 4% General Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00	$0.00	$192,620.00
2023	102-500731	Contracts for Program Services	90083208	$16,995.00	$0.00	$16,995.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00	$0.00	$317,640.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00	$0.00	$79,410.00
			SUBTOTAL:	$606,665.00	$0.00	$606,665.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00	$0.00	$692,250.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00	$0.00	$950,000.00
2024	102-500731	Contracts for Program Services	90005896	$0.00	$54,682.00	$54,682.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00	$0.00	$237,500.00
2025	102-500731	Contracts for Program Services	90005896	$0.00	$27,341.00	$27,341.00
			SUBTOTAL:	$1,879,750.00	$82,023.00	$1,961,773.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00	$0.00	$80,533.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$340,529.00	$0.00	$340,529.00
2024	102-500731	Contracts for Program Services	90005896	$0	$6,667.00	$6,667.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$85,311.00	$0.00	85,311.00
2025	102-500731	Contracts for Program Services	90005896	$0	$3,333.00	$3,333.00
			SUBTOTAL:	$506,373.00	$10,000.00	516,373.00

The Family Resource Center at Gorham - Vendor #192412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00	$0.00	$269,729.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00	$0.00	$378,354.00
2024	102-500731	Contracts for Program Svcs	90005896	$0	$33,571.00	$33,571.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00	$0.00	$92,583.00
2025	102-500731	Contracts for Program Svcs	90005896	$0	$25,179.00	$25,179.00
			SUBTOTAL:	$740,666.00	$58,750.00	799,416.00
			Total:	$3,733,454.00	$150,773.00	$3,884,227.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS
100% Other Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00	$0.00	$108,000.00
			SUBTOTAL:	$108,000.00	$0.00	$108,000.00
			TOTAL:	$108,000.00	$0.00	$108,000.00

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Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, MATERNAL - CHILD HEALTH,
100% General Funds
Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Program Svcs	90004019	$56,250.00	$0.00	$56,250.00
2024	102-500731	Contracts for Program Svcs	90004019	$75,000.00	$0.00	$75,000.00
2025	102-500731	Contracts for Program Svcs	90004019	$18,750.00	($18,750.00)	$0.00
			SUBTOTAL:	$150,000.00	($18,750.00)	$131,250.00
			TOTAL:	$150,000.00	($18,750.00)	$131,250.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, COVID-19 HEALTH DISPARITIES
100% Federal Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00	$0.00	$105,000.00
2023	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00	$0.00	$157,500.00
			SUBTOTAL:	$262,500.00	$0.00	$ 262,500.00

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577150	$15,000.00	$0.00	$15,000
2023	074-500589	Grants for Pub Asst and Relief	90577150	$101,512.00	$0.00	101,512.00
2024	074-500589	Grants for Pub Asst and Relief	90577150	$85,000.00	$0.00	$85,000
2024	074-500589	Grants for Pub Asst and Relief	90577150	$100,000.00	$0.00	100,000.00
			SUBTOTAL:	$301,512.00	$0.00	301,512.00
			TOTAL:	$564,012.00	$0.00	$564,012.00

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, ARP - MIEC HOME VISITING
100% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00	$0.00	$17,532.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00	$0.00	$54,231.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00	$0.00	$13,558.00
			SUBTOTAL:	$85,321.00	$0.00	$85,321.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00	$0.00	$114,064.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00	$0.00	$125,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00	$0.00	$142,350.00
			SUBTOTAL:	$381,414.00	$0.00	381,414.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$72,591.00	$0.00	$72,591.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$8504.00	$0.00	$8,504.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$2130.00	$0.00	$2,130.00
			SUBTOTAL:	$83,225.00	$0.00	$83,225.00

Family Resource Center at Gorham - Vendor #162412-B001

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Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$88,714.00	$0.00	$88,714.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00	$0.00	$50,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00	$0.00	$56,532.00
			SUBTOTAL:	$175,246.00	$0.00	$175,246.00
			TOTAL:	$725,206.00	$0.00	$725,206.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00	$0.00	$199,673.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00	$0.00	$266,230.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00	$0.00	$66,557.00
			SUBTOTAL:	$532,460.00	$0.00	$532,460.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$125,960.00	$0	$125,960.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$271,746.00	$0	$271,746.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$67,937.00	$0	$67,937.00
			SUBTOTAL:	$465,643.00	$0	$465,643.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00	$0	$164,133.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00	$0	$218,845.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00	$0	$54,711.00
			SUBTOTAL:	$437,689.00	$0	$437,689.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00	$0.00	$1,102,682.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00	$0.00	$1,470,242.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00	$0.00	$367,560.00
			SUBTOTAL:	$2,940,484.00	$0.00	$2,940,484.00
			TOTAL:	$4,376,276.00	$0.00	$4,376,276.00
			GRAND TOTAL:	$9,656,948.00	$132,023.00	$9,788,971.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite VNA, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #26), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

   $1,065,241

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

   1. This Agreement is funded by:

      1.1. 77% Federal funds from:

         1.1.1. 10% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Service (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.

         1.1.2. 52% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.

         1.1.3. 9% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.

         1.1.4. 1% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.

         1.1.5. 28% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, CFDA 93.658, FAIN 2201NHFOST.

      1.2. 23% General funds.

3. Modify Exhibit C-2, Budget (SFY 2024) – Amendment #1, by replacing it in its entirety with Exhibit C-2, Budget (SFY 2024) – Amendment #2, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit C-3, Budget (SFY 2025) – Amendment #1, by replacing it in its entirety with Exhibit C-3, Budget (SFY 2025) – Amendment #2, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire
Department of Health and Human Services

3/21/2024
Date

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

Granite VNA, Inc.

3/12/2024
Date

DocuSigned by:
Beth Slepian
Name: Beth Slepian
Title: President/CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/23/2024
Date

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

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-2, Budget (SFY 2024) - Amendment # 2

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	*SFY 2024* (G&C Approval - 06/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$136,043
2. Fringe Benefits	$38,620
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$14,950
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$4,500
5.(e) Supplies Office	$8,000
6. Travel	$38,000
7. Software	$17,026
8. (a) Other - Marketing/ Communications	$18,100
8. (b) Other - Education and Training	$33,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$3,000
Other (please specify)	$5,000
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$316,239
Total Indirect Costs	$30,957
TOTAL	**$347,196**

Contractor Initial: BJS (DS)

Date: 3/12/2024

Exhibit C-3, Budget (SFY 2025) - Amendment # 2

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	*SFY 2025* (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$31,798
2. Fringe Benefits	$8,799
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$4,000
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$2,000
5.(e) Supplies Office	$3,725
6. Travel	$4,000
7. Software	$4,263
8. (a) Other - Marketing/ Communications	$5,000
8. (b) Other - Education and Training	$15,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$2,000
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$80,585
Total Indirect Costs	$8,059
TOTAL	**$88,644**

Contractor Initial: BJS (DS)

Date: 3/12/2024

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

Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

May 30, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive, Sole Source** amendment to an existing contract, which was originally competitively bid, with Granite VNA, Inc. (VC# 174069), Concord, NH, to add funding to support home visiting, involving care, coordination and outreach, by increasing the total price limitation by $594,177 from $461,064 to $1,055,241 with no change to the contract completion date of September 30, 2024, effective retroactive to April 1, 2023, upon Governor and Council approval. 80% Federal Funds. 20% General Funds.

The original contracts were approved by Governor and Council on February 8, 2023, item #39.

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

See attached fiscal details.

EXPLANATION

The Department released two (2) Requests for Proposals for Home Visiting Services statewide but was not able to identify a contractor to serve the Laconia catchment area. The Department is therefore adding services and funding for the Laconia catchment area to the existing home visiting contract with Granite VNA, Inc. This request is **Retroactive** to April 1, 2023, to ensure there is no gap in services for the families in the catchment area. This request is **Sole Source** because the Department is increasing the price limitation by more than 10%. The Contractor was identified as willing to take on the additional service area and has established relationships, experience, staff, and knowledge necessary to ensure that Laconia families receive care without disruption.

The purpose of this request is to add funding to the existing contract for Granite VNA, Inc. to take on Home Visiting Services for the Laconia region.

The Contractor provides home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved

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maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence Healthy Families America is currently being provided in every County in New Hampshire.

Approximately 44 families will be served by Granite VNA through the Home Visiting program during State Fiscal Years 2023, 2024, and 2025.

The Department will continue to monitor services by:

- Conducting scheduled data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting scheduled data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-teased model.
- Ensuring the proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.

Should the Governor and Executive Council not authorize this request, families in the Laconia region, which was identified as one of the state's highest areas of need in the most recent programmatic Need Assessment Update, will go unserved.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595 / X1046878; Assistance Listing Number #.93.870, FAIN# X1141935 / X1145263; Assistance Listing Number #.93.658, FAIN# 2201NHFOST.

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

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FISCAL DETAILS
HOME VISITING SERVICES - GRANITE VNA, INC.
AMENDMENT #1

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT,
100% FEDERAL, CFDA# 93.870, FAIN# X1043595; X1046878

Granite VNA - Vendor #174069

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00	$0.00	$80,533.00
2024 (7/1/23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$109,446.00	$231,083.00	$340,529.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$27,540.00	$57,771.00	$85,311.00
			SUBTOTAL	$217,519.00	$288,854.00	$506,373.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING
100% FEDERAL FUNDS - CFDA# 93.870, FAIN# X1141935; X1146263

Granite VNA - Vendor #174069

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$11,452.00	$61,139.00	$72,591.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00	$8,504.00	$8504.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00	$2,130.00	$2130.00
			SUBTOTAL	$11,452.00	$71,773.00	$83,225.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29560000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
50% FEDERAL FUNDS, CFDA# 93.658, FAIN# 2201NHFOST

Granite VNA - Vendor #174069

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	637-504161	TITLE IV-E FOSTER CARE SERVICE	42105869	$87,035.00	$38,925.00	$125,960.00
2024 (7/1/23-6/30/24)	637-504161	TITLE IV-E FOSTER CARE SERVICE	42105869	$116,046.00	$155,700.00	$271,746.00
2025 (7/1/24-9/30/24)	637-504161	TITLE IV-E FOSTER CARE SERVICE	42105869	$29,012.00	$38,925.00	$67,937.00
			SUBTOTAL	$232,093.00	$233,550.00	$466,643.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL	$461,064.00	$594,177.00	$1,055,241.00

Contractor Initials __
Date __

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Granite VNA, Inc. ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item # 39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

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

   $1,055,241

2. Modify Exhibit B, Scope of Services by replacing Subsections 3.3. & 3.4. with the below:

   3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Conway and Laconia DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. For the Conway region, the Contractor must serve no less than three (3) DCYF families during the first six (6) months of the contract period and no less than four (4) families thereafter through the end of the contract period. For the Laconia region, the Contractor must serve no less than six (6) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.

   3.4. The Contractor must serve fourteen (14) families in the Conway DCYF Catchment Area and thirteen (13) families in the Laconia DCYF Catchment Area under the traditional HFA model.

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

   1. This Agreement is funded by:

      1.1. 78% Federal Funds from:

         1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MG43595.

         1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and

Services Administration, CFDA 93.870, FAIN X10MC46878.

1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.

1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.

1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2301NHFOST.

1.2. 22% General Funds.

4. Modify Exhibit C, Payment Terms, Section 7., to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-8, Budget (SFY 2025) – Amendment # 1.

5. Modify Exhibit C, Payment Terms, Subsection 9.2., by replacing with the below:

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department, as indicated in Section 10.1., below.

6. Modify Exhibit C, Payment Terms, Subsection 10.1., by replacing with the below:

10.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, and Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$62,168
2024	$58,022
2025	$0*
Sub-Total	$120,190
*The Contractor will only bill for direct services in SFY 25.	

7. Add Exhibit C, Payment Terms, Section D., to read:

D. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services to Laconia Catchment Region:

11. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B Scope of Work Section 3.4, and in accordance with the following:

11.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of $148.95 per client (family) once per week.

11.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

11.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
2023	$16,533
2024	$93,590
2025	$38,925
Sub-Total	$149,148

11.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

8. Add Exhibit C, Payment Terms, Section E., to read:

E. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services to Laconia Catchment Region:

12. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

12.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, and Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$22,392
2024	$62,010
2025	$0*
Sub-Total	$84,402
* The Contractor will only bill for direct services in SFY 25.	

12.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

Financial Manager

Department of Health and Human Services

129 Pleasant Street

Concord, NH 03301

12.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

9. Modify Exhibit C-2 Budget, SFY 2024, by replacing in its entirety with Exhibit C-2, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.

10. Modify Exhibit C-3 Budget, SFY 2025, by replacing in its entirety with Exhibit C-3, Budget (SFY 2025) – Amendment # 1, which is attached hereto and incorporated by reference herein.

11. Modify Exhibit C-4 Budget, SFY 2023, by replacing in its entirety with Exhibit C-4, Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.

12. Modify Exhibit C-5 Budget, SFY 2023, by replacing in its entirety with Exhibit C-5, DCYF Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.
13. Modify Exhibit C-6 Budget, SFY 2024, by replacing in its entirety with Exhibit C-6, DCYF Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-7, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.
15. Add Exhibit C-8, Budget (SFY 2025) – Amendment # 1, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective retroactive to April 1, 2023, upon Governor and Council approval.

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

State of New Hampshire

Department of Health and Human Services

5/30/2023

Date

DocuSigned by:
Patricia M. Tilley

Name: Patricia M. Tilley

Title: Director

Granite VNA, Inc.

5/30/2023

Date

DocuSigned by:
Geraldine Holmes

Name: Geraldine Holmes

Title: CFO

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

OFFICE OF THE ATTORNEY GENERAL

5/30/2023

Date

DocuSigned by:
Robyn Guarino

Name: Robyn Guarino

Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:

Title:

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Exhibit C-2, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	*SFY 2024* (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$131,243
2. Fringe Benefits	$36,753
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$14,950
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$4,500
5.(e) Supplies Office	$8,000
6: Travel	$38,000
7. Software	$17,026
8. (a) Other - Marketing/ Communications	$18,100
8. (b) Other - Education and Training	$33,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$3,000
Other (please specify)	$5,000
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$309,572
Total Indirect Costs	$30,957
TOTAL	**$340,529**

Contractor Initial: GH (DS)

Date: 5/30/2023

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Exhibit C-3, Budget (SFY 2025) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Formula Grant
Budget Period	*SFY 2025* (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$29,349
2. Fringe Benefits	$8,218
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$4,000
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$2,000
5.(e) Supplies Office	$3,725
6. Travel	$4,000
7. Software	$4,263
8. (a) Other - Marketing/ Communications	$5,000
8. (b) Other - Education and Training	$15,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$2,000
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$77,555
Total Indirect Costs	$7,756
TOTAL	$85,311

Contractor Initial: GH (DS)

Date: 5/30/2023

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Exhibit C-4, Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	*SFY 2023* (10/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$43,143
2. Fringe Benefits	$12,080
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$150
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$150
5.(e) Supplies Office	$100
6. Travel	$1,000
7. Software	$3,629
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$5,240
8. (c) Other - Other (specify below)	$0
Other (please specify)	$500
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$65,992
Total Indirect Costs	$6,599
TOTAL	$72,591

Contractor Initial: GH (05)

Date: 5/30/2023

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Exhibit C-5, DCYF Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Children, Youth and Families	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services, Child-Family Services
Budget Period	*SFY 2023* (10/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	8%

Line Item	Program Cost - Funded by DCYF
1. Salary & Wages	$16,102
2. Fringe Benefits	$4,509
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a). Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$20,611
Total Indirect Costs	$1,781
TOTAL	**$22,392**

Contractor Initial: GH

Date: 5/30/2023

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Exhibit C-6, DCYF Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Children, Youth and Families	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services, Child-Family Services
Budget Period	*SFY 2024* (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DCYF
1. Salary & Wages	$43,143
2. Fringe Benefits	$12,080
3: Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$1,150
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$56,374
Total Indirect Costs	$5,636
TOTAL	**$62,010**

Contractor Initial: GH (ps)

Date: 5/30/2023

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Exhibit C-7, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	*SFY 2024* (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	4%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$7,201
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$1,000
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$8,201
Total Indirect Costs	$303
TOTAL	**$8,504**

Contractor Initial: GH (DS)

Date: 5/30/2023

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Exhibit C-8, Budget (SFY 2025) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	Granite VNA, Inc.
Budget Request for:	ARP - MIECH Home Visiting
Budget Period	*SFY 2025* (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$1,436
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$500
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$1,936
Total Indirect Costs	$194
TOTAL	**$2,130**

Contractor Initial: GH (DS)

Date: 5/30/2023

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ARC

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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into Retroactive contracts with the contractors listed below in an amount not to exceed $8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.87% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	$481,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	$5,572,148
		Total:	$8,847,771

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

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

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

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See attached fiscal details.

EXPLANATION

This request is **Retroactive** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence.[1] Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

[1] HFA Evidence of Effectiveness_2022 Website.pdf (healthyfamiliesamerica.org)

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- Referrals
  - Share of families who are referred to Healthy Families America form Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
  - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
  - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
  - Average time to enrollment from the time and date of referral.
  - Number of days from referral date to the first home visit.
  - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
  - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
  - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
  - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
  - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
  - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
  - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
  - Share of children who enter any form of out-of-home placement within 12 months of discharge.
  - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

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FISCAL DETAIL SHEET

SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$182,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00
			SUBTOTAL:	$606,665.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00
			SUBTOTAL:	$1,879,750.00

[redacted] - Vendor #177241-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$27,540.00
			SUBTOTAL:	$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$269,728.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00
			SUBTOTAL:	$740,665.00
			Total of AU 5896	$3,444,600.00

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05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	92057502	$109,000.00
			SUBTOTAL:	$109,000.00
			TOTAL OF AU 3382	$109,000.00

05-95-09-902010-5180 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	$18,750.00
			SUBTOTAL:	$150,000.00
			TOTAL OF AU 5180	$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH75OT000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00
			SUBTOTAL:	$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$86,512.00
			SUBTOTAL:	$86,512.00
			TOTAL OF AU 5771	$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141835 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00
			SUBTOTAL:	$85,321.00

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Waypoint - Vendor #177168-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00
			SUBTOTAL:	$381,414.00

[redacted] - Vendor [redacted]				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
			SUBTOTAL:	$11,452.00

Family Resource Center at Gorham - Vendor 162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00
			SUBTOTAL:	$175,246.00
			TOTAL OF AU 2451	$653,433.00

DPHS SUBTOTAL: $4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD -- FAMILY SERVICES
50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00
			SUBTOTAL:	$532,460.00

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Healthy VNA - Vendor 0177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$116,048.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$29,012.00
			SUBTOTAL:	$232,093.00

The Family Resource Center at Gorham - Vendor 0162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00
			SUBTOTAL:	$437,689.00

Waypoint - Vendor 0177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00
			SUBTOTAL:	$2,940,484.00
			Total of AU 2958	$4,142,726.00

DCYF SUBTOTAL:	**$4,142,726.00**
COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	**$8,847,771.00**

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

Project ID # RFP-2023-DPHS-01-HOMEY

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	25	30	20	33	39
Performance Improvement	25	20	22	24	24
Subtotal - Technical	80	75	75	87	91
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	98
TOTAL PROPOSED VENDOR COST		$1,004,920	$484,168	$1,750,754	$5,640,068

Reviewer Name	Title
1 Gayleen Smith	Administrator III, Finance
2 Lisa Cecchini (Lenpron)	Administrator II, DPHS Finance
3 Kristi Kirk	Program Specialist IV, DPHS
4 Ashley Jones	Program Specialist IV, DCYF
5 Kelly McCormick	Assessment Supervisor IV, DCYF
6 Aurelia Moran	Supervisor V, DPHS

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

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-02

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Granite VNA, Inc.		1.4 Contractor Address 30 Pillsbury Street Concord, NH 03301	
1.5 Contractor Phone Number 603-515-2465	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation $461,064.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Beth Slepian Date: 1/5/2023		1.12 Name and Title of Contractor Signatory Beth Slepian President/CEO	
1.13 State Agency Signature Patricia M. Tilley Date: 1/5/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: Robyn Guarino, On: 1/5/2023			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials BJS

Date 1/5/2023

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

3. EFFECTIVE DATE/COMPLETION OF SERVICES.

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

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

4. CONDITIONAL NATURE OF AGREEMENT.

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

5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.

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

5.2 The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance hereof, and shall be the only and the complete compensation to the Contractor for the Services. The State shall have no liability to the Contractor other than the contract price.

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

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

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

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

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

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

7. PERSONNEL.

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

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

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

Contractor Initials BJS

Date 1/5/2023

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

Contractor Initials BJS

Date 1/5/2023

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

Contractor Initials BJS

Date 1/5/2023

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EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

   1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

      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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

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

      3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

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EXHIBIT B

Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
  - Housing.
  - Food.
  - Various forms of treatment.
  - School readiness.
  - Childcare.
  - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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EXHIBIT B

2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.

2.2. **CPS** – Child Protective Services.

2.3. **CQI** – Continuous Quality Improvement.

2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.

2.5. **CWP** – Child Welfare Protocols.

2.6. **DCYF** – Division for Children, Youth and Families.

2.7. **DHHS** – Department of Health and Human Services.

2.8. **DPHS** – Division of Public Health Services.

2.9. **DO** – District Office.

2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.

2.11. **FFPSA** – Family First Prevention Services Act.

2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.

2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.

2.14. **HFA** – Healthy Families America.

2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.

2.16. **HFA BPS** – Healthy Families America Best Practice Standards.

2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

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with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.

2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.

2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.

2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.

2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.

2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.

2.25. **PII** – Personally Identifiable Information.

2.26. **QA** – Quality Assurance.

2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.[1]

2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

[1] Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

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pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Heather Services) must fall within one (1) or more of the federally defined priority populations below:

3.2.1. Are first-time parents.

3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.

3.2.3. Are less than twenty-one (21) years of age.

3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.

3.2.5. Have a history of substance misuse or need substance use disorder treatment.

3.2.6. Are users of tobacco products in the home.

3.2.7. Have or have had a child(ren) with low student achievement.

3.2.8. Have a child(ren) with developmental delays or disabilities.

3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Conway DCYF Catchment Area, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than three (3) DCYF families during the first six (6) months of the contract period and no less than four (4) families thereafter through the end of the contract period.

3.4. The Contractor must serve fourteen (14) families in the Conway DCYF Catchment Area under the traditional HFA model.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

3.5.1. Pregnant or parenting youth in foster care.

3.5.2. Families with an infant born exposed to substances.

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3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.

3.5.4. Families with an open DCYF case who have recently reunified.

3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:

3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.

3.6.2. Strengthening parent-child relationships.

3.6.3. Promoting healthy childhood growth.

3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.

3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:

3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:

3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.

3.7.1.2. Have HFA CWP available in the Conway DCYF Catchment Area within six (6) months of Governor and Executive Council approval of this Agreement.

3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.

3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.

3.7.2. Select and implement an evidence-based curriculum to support

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prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:

3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or

3.7.2.2. Growing Great Kids (GGK) with certification of training.

3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.

3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.

3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.

3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.

3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.

3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.

3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.

3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.

3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.

3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

3.14.1. Health care providers.

3.14.2. Social workers.

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3.14.3. Social services.

3.14.4. Early interventionists.

3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:

3.15.1. Promote equity in all facets of operations with families, staff, and community.

3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.

3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.

3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.

3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.

3.17. The Contractor must ensure that they:

3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.

3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.

3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.

3.19. Compliance Standards

3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple

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sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF- referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

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Training must comply with all HFA model specifications and requirements, including but not limited to:

3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).

3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.

3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.

3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:

3.20.4.1. Substance use.

3.20.4.2. Childhood Maltreatment (Abuse/Neglect).

3.20.4.3. Parenting techniques.

3.20.4.4. Cultural competence/humility.

3.20.4.5. Childhood and generational trauma (Trauma-Informed).

3.20.4.6. Engagement strategies.

3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.

3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.

3.22. Discharge from HFA services:

3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.

3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family for a

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minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

3.25.1.3.2.5. Threatening or reckless conduct;

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3.25.1.3.2.6. Theft;

3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or

3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

3.25.2.1. The individual's name is not on the BEAS state registry;

3.25.2.2. The individual's name is not on the DCYF central registry;

3.25.2.3. The individual does not have a record of a felony conviction; or

3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.

3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to asses, at minimum, the following:

3.26.3.1. How PII is gathered and stored;

3.26.3.2. Who will have access to PII;

3.26.3.3. How PII will be used in the system;

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3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and Internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

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Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all

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original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Attachment 1:
DCYF Catchment Area Locations

Berlin
(650 Main Street Suite 200, Berlin NH 03570)

Serving the cities, towns, and locations of:

- Atkinson and Gilmanton Academy Grant
- Bean's Grant
- Bean's Purchase
- Berlin
- Bretton Woods
- Cambridge
- Carroll
- Cascade
- Chandlers Purchase
- Clarksville
- Colebrook
- Columbia
- Coos Junction
- Crawford's Purchase
- Crystal
- Cutt's Grant
- Dalton
- Dix's Grant
- Dixville
- Dummer
- Errol
- Ervings Location
- Fabyan Gorham
- Grange Greens Grant
- Groveton
- Hadley's Purchase
- Jefferson
- Kilkenny
- Lancaster
- Low and Burbank's Grant
- Maplewood
- Martin's Location
- Milan
- Millsfield
- North Stratford
- Northumberland
- Odell
- Percy
- Pinkham's Grant
- Pittsburg
- Randolph
- Riverton
- Sargent's Purchase
- Second College Grant
- Shelburne
- South Lancaster
- Stark
- Stewartstown
- Stratford
- Stratford Hollow
- Success
- Thompson & Meserve's Purchase
- Twin Mountain
- Wentworth's Location
- West Milan
- West Stewartstown
- Whitefield

Littleton
(80 North Littleton Road, Littleton, NH 03561)

Serving the cities, towns, and locations of:

- Apthorp
- Bath
- Benton
- Bethlehem
- Bethlehem Junction
- Center Haverhill
- East Haverhill
- Easton
- Franconia
- Glencliff
- Haverhill
- Landaff
- Lincoln
- Lisbon
- Littleton
- Livermore
- Lyman
- Monroe
- North Haverhill
- North Woodstock
- Pierce Bridge
- Piermont
- Pike
- Sugar Hill
- Warren
- Woodstock
- Woodsville

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Attachment 1:
DCYF Catchment Area Locations

Conway *(71 Hobbs Street, Conway NH 03818)*		
Serving the cities, towns, and locations of:		
Albany	Freedom	Redstone
Bartlett	Glen	Sanbornville
Brookfield	Granite	Sandwich
Center Conway	Hale's Location	Silver Lake
Center Effingham	Hart's Location	Snowville
Center Ossipee	Intervale	South Chatham
Center Sandwich	Jackson	South Effingham
Center Tuftonboro	Kearsarge	South Tamworth
Chatham	Madison	Tamworth
Chocorua	Melvin Village	Tuftonboro
Conway	Mirror Lake	Union
East Conway	Moultonborough	Wakefield
East Wakefield	Moultonville	West Ossipee
Eaton	North Conway	Wolfeboro
Effingham	North Sandwich	Wolfeboro Falls
	Ossipee	Wonalancet

Claremont *(17 Water Street, Suite 301, Claremont NH 03743)*		
Serving the cities, towns, and locations of:		
Acworth	Georges Mills	Orange
Beauregard Village	Goshen	Orford
Burkehaven	Grafton	Plainfield
Canaan	Grantham	South Acworth
Charlestown	Guild	South Charlestown
Claremont	Hanover	Springfield
Cornish	Langdon	Sunapee
Cornish Flat	Lebanon	Unity
Croydon	Lempster	Washington
East Lempster	Lyme	West Canaan
Enfield	Lyme Center	West Lebanon
Enfield Center	Meriden	West Springfield
Etna	Mount Sunapee	West Unity
	Newport	

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Attachment 1:
DCYF Catchment Area Locations

Keene *(111 Key Road, Keene NH 03431)*		
Serving the cities, towns, and locations of:		
Alstead	Harrisville	Sharon
Antrim	Hillsborough	Spofford
Ashuelot	Hillsborough Upper Village	Stoddard
Bennington	Hinsdale	Sullivan
Chesterfield	Jaffrey	Surry
Deering	Keene	Swanzey
Drewsville	Marlborough	Temple
Dublin	Marlow	Troy
East Sullivan	Munsonville	Walpole
East Swanzey	Nelson	West Chesterfield
East Westmoreland	New Ipswich	West Deering
Fitzwilliam	North Swanzey	West Peterborough
Gilsum	North Walpole	West Swanzey
Greenfield	Peterborough	Westmoreland
Greenville	Richmond	Westport
Hancock	Ridge	Winchester
	Roxbury	Windsor

Laconia *(65 Beacon Street West, Laconia NH 03246)*		
Serving the cities, towns, and locations of:		
Alexandria	Ellsworth	Meredith Center
Alton	Gilford	New Hampton
Alton Bay	Gilmanton	North Sanbornton
Ashland	Gilmanton Corners	Plymouth
Barnstead	Gilmanton Iron Works	Quincy
Bear Island	Glendale	Rumney
Belmont	Governor Isle	Sanbornton
Bridgewater	Groton	Thornton
Bristol	Hebron	Tilton
Campton	Holderness	Waterville Valley
Center Barnstead	Laconia	Weirs
Center Harbor	Lakeport	Wentworth
Dorchester	Lochmere	West Alton
East Holderness	Lower Gilmanton	West Rumney
	Meredith	Winnisquam

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Attachment 1:
DCYF Catchment Area Locations

Concord *(40 Terrill Park Drive, Concord NH 03301)*		
Serving the cities, towns, and locations of:		
Allenstown	Epsom	Penacook
Andover	Francestown	Pinardville
Blodgett Landing	Franklin	Pittsfield
Boscawen	Gerrish	Potter Place
Bow	Goffstown	Salisbury
Bradford	Gossville	Short Falls
Canterbury	Henniker	South Danbury
Chichester	Hill	South Sutton
Concord	Hooksett	Suncook
Contoocook	Hopkinton	Sutton
Danbury	Loudon	Warner
Davisville	New Boston	Weare
Dunbarton	New London	Webster
East Andover	Newbury	Webster Lake
East Concord	North Sutton	West Franklin
East Sutton	North Wilmot	Wilmot
Elkins	Northfield	Wilmot Flat
	Pembroke	

Manchester *(1050 Perimeter, Suite 501, Manchester, NH 03103)*
Serving the city of:
Manchester

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Attachment 1:
DCYF Catchment Area Locations

Rochester
(150 Wakefield Street Suite 22, Rochester NH 03867).

Serving the cities, towns, and locations of:

- Barrington
- Center Strafford
- Dover
- Durham
- East Rochester
- Farmington
- Gonic
- Lee
- Madbury
- Middleton
- Milton
- Milton Mills
- New Durham
- Rochester
- Rollinsford
- Strafford

Seacoast
(19 Rye St. Portsmouth, NH 03801)

Serving the cities, towns, and locations of:

- Auburn
- Brentwood
- Candia
- Danville
- Deerfield
- East Kingston
- Epping
- Exeter
- Fremont
- Greenland
- Hampton
- Hampton Beach
- Hampton Falls
- Kensington
- Kingston
- New Castle
- Newfields
- Newington
- Newmarket
- Newton
- Newton Junction
- North Hampton
- Northwood
- Nottingham
- Portsmouth
- Raymond
- Rye
- Rye Beach
- Seabrook
- Somersworth
- South Hampton
- Stratham
- West Nottingham

Southern
(26 Whipple St. Nashua, NH 03060)

<u>District Office</u> serving the cities, towns, and locations of:

- Amherst
- Bedford
- Brookline
- Hollis
- Hudson
- Litchfield
- Lyndeborough
- Mason
- Merrimack
- Milford
- Mont Vernon
- Nashua
- North Salem
- Pelham
- Reeds Ferry
- Salem
- Wilton
- Windham

<u>Southern Telework</u> serving the cities, towns, and locations of:

- Atkinson
- Chester
- Derry
- East Derry
- East Hampstead
- Hampstead
- Londonderry
- Plaistow
- Sandown

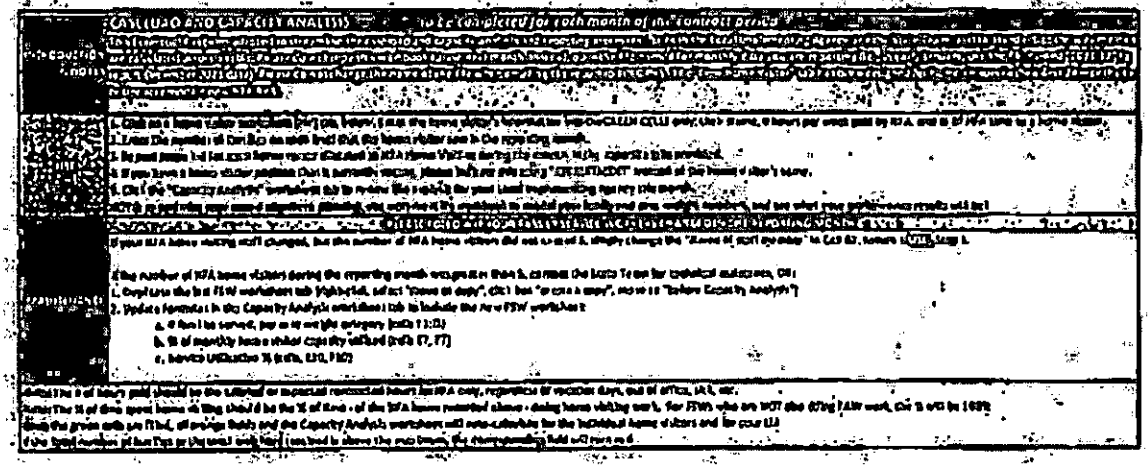
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Attachment 2 - Capacity Analysis Report



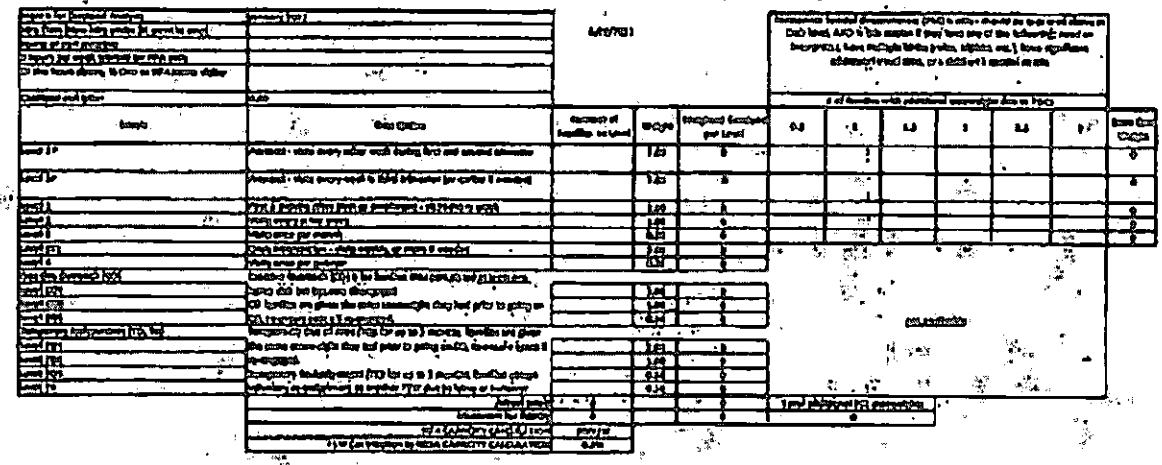
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Attachment 2 - Capacity Analysis Report



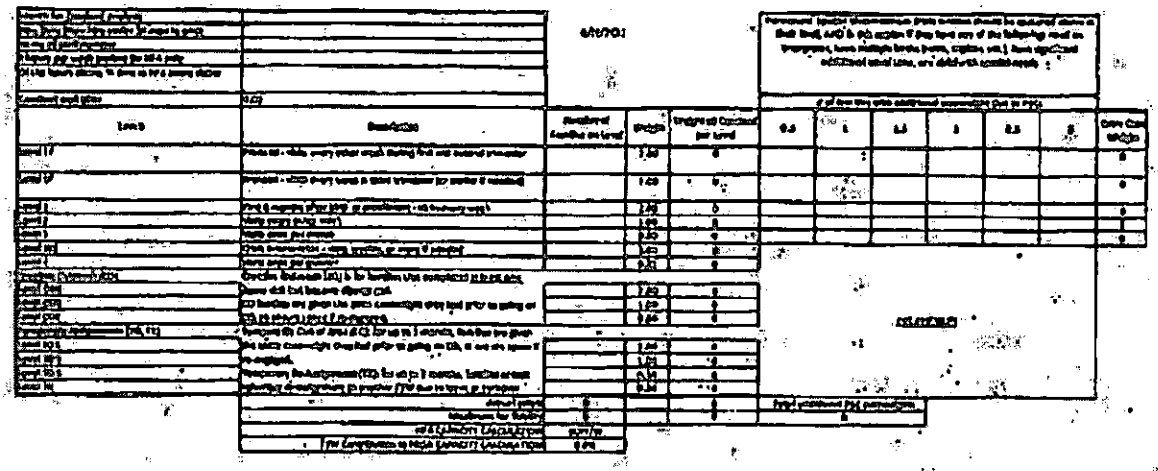
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Attachment 2 - Capacity Analysis Report



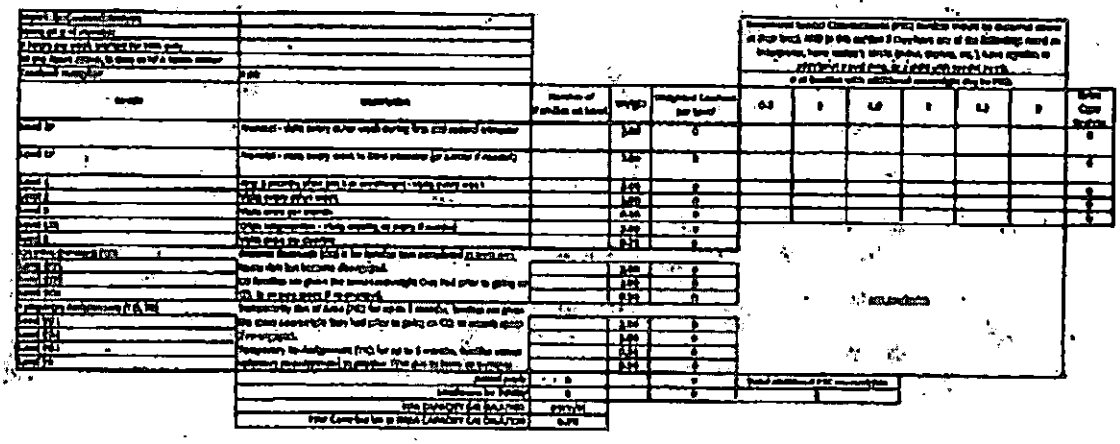
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Attachment 2 - Capacity Analysis Report



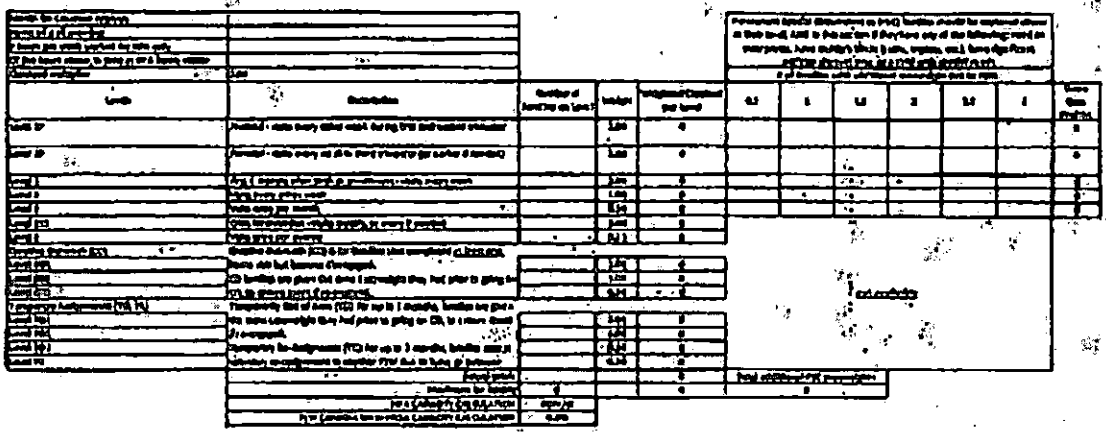
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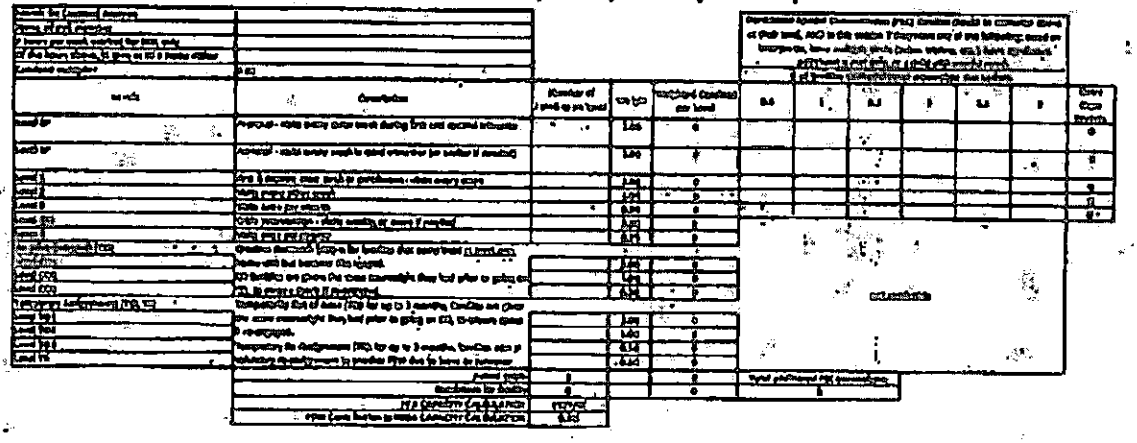


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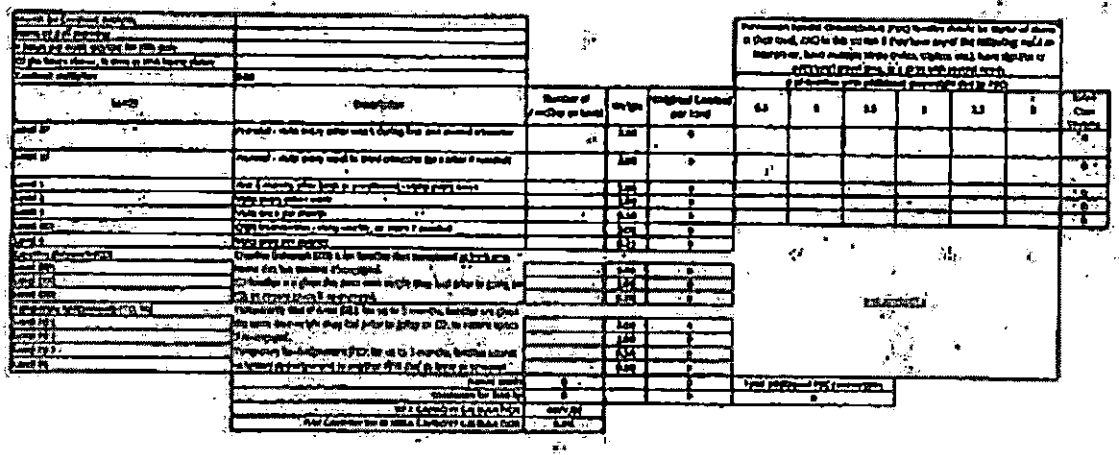
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Attachment 2 - Capacity Analysis Report



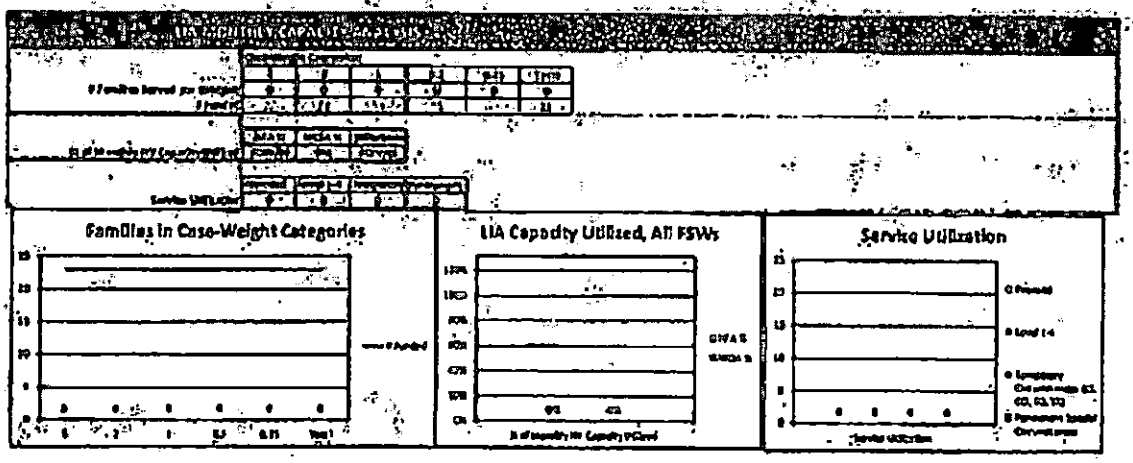
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Attachment 2: Capacity Analysis Report



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Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 360 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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Expiration Date: 01/31/2021

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/ training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
Adult Participants	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row – Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 10: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below: 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period. Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).

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Attachment 3 - Form 1

		Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee. Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
2	Unduplicated Count of Households Served by MIECHV	New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions. Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	Adult Participants by Age	Adult Participant: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	Index Children by Age	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	Participants by Ethnicity	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	Participants by Race	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	Adult Participants by Marital Status	Adult Participant: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.
9	Adult Participants by Educational Attainment	Adult Participants: Includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child. Less than high school diploma includes individuals who have not completed their high school education. The Some college/training category includes those who are currently enrolled and those who attended in the past. The Technical training or certification category includes those who received technical training or certification in the past. The Associate's Degree category includes those who obtained an Associate's Degree. The Bachelor's Degree category includes those who obtained a Bachelor's Degree. The Other category includes those individuals who did not fall into the specified categories.
10	Adult Participants by Employment Status	Employed: refers to whether the person is currently working for pay. Employed Full Time: an employee who works an average of at least 30 hours per week. Employed Part Time: an employee who works an average of less than 30 hours per week[1] Not Employed: Indicates that the person is not working for pay (this category may include, for example, students, homemakers and those applicants actively seeking work but currently not employed)
11	Adult Participants by Housing Status	Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs) Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and

[1] Bureau of Labor Statistics Glossary. https://www.bls.gov/bls/glossary.htm

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		Homeless and sharing housing: Individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. Homeless and living in an emergency or transitional shelter: Individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement. Homeless and some other arrangement: Individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings[1]
12	Primary Language Spoken at Home	Primary language: the language used in the home the majority of the time. Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
13	Household Income in Relation to Federal Poverty Guidelines	The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines.
14	For Each Household Indicate the Priority Population Characteristics	Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines. Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period. Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.

[1] Administration for Children and Families, Early Childhood Learning and Knowledge Center, 2014. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/definitions/homeless.html#definition-homeless

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		Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment. Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement. Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability. Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.
15	Service Utilization	Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	Family Engagement by Household	Currently receiving services refers to families that are participating in services at the end of the reporting period. Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period. Stopped services before completion refers to families who left the program for any reason prior to completion. Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively leave the, etc.)
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	A Household, including a pregnant woman, female caregiver, and/or male caregivers who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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18	Participants by Type of Health Insurance Coverage	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.
19	Index Children by Usual Source of Medical Care	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.[1]

[1] American Academy of Pediatric Dentistry, Dental Home Resource Center, http://www.aapd.org/publications/default.aspx

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OMB No: 0906-0017
Expiration Date: 07/31/2021

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

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OMB No: 0906-0017
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MEASURE I

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: PRETERM BIRTH**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preter following program enrollment	
4. **SPECIFICATION** **NUMERATOR:** Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment **DENOMINATOR:** Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: BREASTFEEDING**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of infants (among mothers who enrolled in-home visiting prenatally) who were breastfed any amount at 6 months of age**	
4. **SPECIFICATION** **NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age** **DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months**	
5. **VALUE FOR REPORTING PERIOD (percentage)** **Value:**	**Numerator:** **Denominator:**
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 3

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: DEPRESSION SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
4. **SPECIFICATION** **NUMERATOR:** For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery **DENOMINATOR:** For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA**[a] 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. **NOTES**
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: WELL CHILD VISIT**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: POSTPARTUM CARE**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery**	
4. **SPECIFICATION** **NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery** **DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: TOBACCO CESSATION REFERRALS**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment **DENOMINATOR:** Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA**[4] 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.	6.b. Value – Enter the number of cases missing from measure calculation:

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All cases of missing data should be excluded from the measure calculation.	
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 7

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: SAFE SLEEP**
2. **TYPE OF MEASURE** Performance Indicator
3. **PERFORMANCE MEASURE** Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding
4. **SPECIFICATION** **NUMERATOR:** Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding **DENOMINATOR:** Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD INJURY**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting**	
4. **SPECIFICATION** **NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD (rate)** **Value:**	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD MALTREATMENT**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period**	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE I0

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: PARENT-CHILD INTERACTION**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool**	
4. **SPECIFICATION** **NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool** **DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range**	
5. **VALUE FOR REPORTING PERIOD (percentage)** **Value:**	Numerator: Denominator:
6. **MISSING DATA[a]** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES**
2. **TYPE OF MEASURE** Performance Indicator
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day **DENOMINATOR:** Number of children (index child) enrolled in home visiting

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 12

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: DEVELOPMENTAL SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period **DENOMINATOR:** Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 13

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: BEHAVIORAL CONCERNS**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. **SPECIFICATION** **NUMERATOR:** Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning **DENOMINATOR:** Total number of postnatal home visits during the reporting period	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 14

1. **BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE** **CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. **NOTES**
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 15

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: PRIMARY CAREGIVER EDUCATION**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting**	
4. **SPECIFICATION** **NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high-school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)** **DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment**	
5. **VALUE FOR REPORTING PERIOD (percentage)** **Value:**	Numerator: Denominator:
6. **MISSING DATA[a]** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

[a] Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 16

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 17

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEPRESSION REFERRALS**
2. **TYPE OF MEASURE** Systems Outcome
3. **PERFORMANCE MEASURE** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS**
2. **TYPE OF MEASURE** Systems Outcome
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner
4. **SPECIFICATION** **NUMERATOR:** Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator) **DENOMINATOR:** Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA**[4] 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if	6.b. Value – Enter the number of cases missing from measure calculation:

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 19

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of	6.b. Value – Enter the number of cases missing from measure calculation:

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missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

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DEFINITIONS OF KEY TERMS

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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days).[1]
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery.[2]
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, bookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.[3]
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation.[4] A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria.[5]
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

[1] Behrman R, Butler A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press; 2007.
[2] Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from https://www.acog.org/-/media/Committee-Opinion/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1423423261
[3] Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from http://www.cdc.gov/safechild/NAP/background.html
[4] Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from https://www.childwelfare.gov/pubs/factsheets/canstats/
[5] Child Welfare Information Gateway. Screening and Intake. Retrieved from https://www.childwelfare.gov/topics/management/reporting/screening/.

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		and emotional development.[6]
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives.[7]
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client.[8]
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development.[6]
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives.[7]

[6] U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2011. Retrieved from [illegible]

[7] Centers for Disease Control and Prevention, Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from [illegible]

[8] Home Visiting Collaborative Improvement and Innovation Network.

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Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
Referrals
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
Enrollments
Average time to enrollment from the time and date of referral.
# of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
Program Completion
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
Short-term Outcomes
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

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New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   - 1.1. 61.5% Federal funds from:
     - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
     - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
     - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
     - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
     - 1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
   - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
   - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
6. Audits

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6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-4, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

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8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

8.3. Identifies and requests payment for allowable costs incurred in the previous month.

8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:

9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of $338.33 per client (family) once per week.

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$24,867
SFY 2024	$58,024
SFY 2025	$29,012
Sub-Total	**$111,903**

9.4. The Contractor shall submit non-clinical expenses via the Website: https://business.nh.gov/beb/PaQes/Index.asDx.

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9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$62,168
2024	$58,022
2025	$0*
Sub-Total	**$120,190**
***The Contractor will only bill for direct services in SFY 25.**	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

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

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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New Hampshire Department of Health and Human Services

Contractor Name:	*Granite VNA, Inc.*
Budget Request for:	*Home Visiting Services - Home Visiting Formula Grant*
Budget Period:	*SFY 2023 (10/01/2022 - 06/30/2023)*
Indirect Cost Rate (if applicable)	1.59%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$50,372
2. Fringe Benefits	$14,104
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$800
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$300
5.(e) Supplies Office	$250
6. Travel	$2,000
7. Software	$2,376
8. (a) Other - Marketing/ Communications	$1,500
8. (b) Other - Education and Training	$8,750
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	$800
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$79,251
Total Indirect Costs	$1,282
TOTAL	$80,533

Contractor Initials: BJS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period:	SFY 2024 (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	3.91%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$88,626
2. Fringe Benefits	$10,215
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$1,176
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$388
5.(e) Supplies Office	$588
6. Travel	$3,430
7. Software	$4,900
8. (a) Other - Marketing/ Communications	$980
8. (b) Other - Education and Training	$4,900
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	$980
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$105,183
Total Indirect Costs	$4,283
TOTAL	$109,446

Contractor Initials: BJS

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New Hampshire Department of Health and Human Services

Contractor Name:	Granite VNA, Inc.
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period:	SFY 2025 (07/01/2024 - 09/30/2024)
Indirect Cost Rate (if applicable)	3.62%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$16,806
2. Fringe Benefits	$4,706
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$288
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$80
5.(e) Supplies Office	$144
6. Travel	$840
7. Software	$1,989
8. (a) Other - Marketing/ Communications	$240
8. (b) Other - Education and Training	$1,200
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	$240
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$26,543
Total Indirect Costs	$997
TOTAL	$27,540

Contractor Initials: BJS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name:	*Granite VNA, Inc.*
Budget Request for:	*Home Visiting Services - ARP - MIECH Home Visiting*
Budget Period:	*SFY 2023 (10/01/2022 - 06/30/2023)*
Indirect Cost Rate (if applicable)	0.00%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$11,452
2. Fringe Benefits	$0
3. Consultants	$0
4. Equipment (Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$0
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$11,452
Total Indirect Costs	$0
TOTAL	$11,452

Contractor Initials: BJS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services
Contractor Name: Granite VNA, Inc.
Budget Request for: Home Visiting Services
Budget Period: SFY 2023 (1/1/23-6/30/23) 6 Months
Indirect Cost Rate (If applicable): 8.81%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$36,057
2. Fringe Benefits	$10,095
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$822
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$155
5.(e) Supplies Office	$310
6. Travel	$1,865
7. Software	$2,487
8. (a) Other - Marketing/ Communications	$995
8. (b) Other - Education and Training	$4,974
8. (c) Other - Other (specify below)	
RFA Application Fee	$497
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subcontract/ Contracts	$0
Total Direct Costs	$58,057
Total Indirect Costs	$4,111
TOTAL	$62,168

Contractor Initials BJS

Date 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: Granite VNA, Inc.

Budget Request for: Home Visiting Services

Budget Period: SFY 2024 (7/1/23-6/30/24) 12 Months

Indirect Cost Rate (if applicable): 5.61%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$33,659
2. Fringe Benefits	$9,423
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$560
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$145
5.(e) Supplies Office	$200
6. Travel	$1,741
7. Software	$2,321
8. (a) Other - Marketing/ Communications	$928
8. (b) Other - Education and Training	$4,642
8. (c) Other - Other (specify below)	
HFA Affiliation Fee	$484
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$54,187
Total Indirect Costs	$3,835
TOTAL	$58,022

Contractor Initials BJS

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted.

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

DocuSigned by:
Beth Slepian
Name: Beth Slepian
Title: President/CEO

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CERTIFICATION REGARDING LOBBYING

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

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

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

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

DocuSigned by:
Beth Stepian
Name: Beth Stepian
Title: President/CEO

BJS
Vendor Initials 1/5/2023
Date

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

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

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

10. Except for transactions authorized under paragraph 8 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

Name: Beth Stepian
Title: President/CEO

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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

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

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

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

Beth Slepian
Name: Beth Slepian
Title: President/CEO

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CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

DocuSigned by:
Beth Stepian
Name: Beth Stepian
Title: President/CEO

Contractor Initials BJS
Date 1/5/2023

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

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

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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

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

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

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

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

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

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

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

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

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

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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

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

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

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

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Date 1/5/2023

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

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

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

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

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

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

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

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

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

(4) Obligations of Covered Entity

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

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

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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

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

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

Contractor Initials: BJS

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e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Granite VNA dba Concord Regional VNA
The State	Name of the Contractor
Patricia M. Tilley	Beth Slepian
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Beth Slepian
Name of Authorized Representative	Name of Authorized Representative
Director	President/CEO
Title of Authorized Representative	Title of Authorized Representative
1/5/2023	1/5/2023
Date	Date

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

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions, execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: Granite VNA dba Concord Regional VNA

1/5/2023
Date

DocuSigned by:
Beth Stepian
Name: Beth Stepian
Title: President/CEO

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FORM A

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

1. The UEI (SAM.gov) number for your entity is: J1GJSEM4BJ97
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) $25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

   _____ NO _____X_____ YES

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

   If the answer to #2 above is YES, please answer the following:
3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C.78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

   _____ NO _____X_____ YES

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

   If the answer to #3 above is NO, please answer the following:
4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

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A: Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. In all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

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

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Contractor Initials BJS

Date 1/5/2023

State of New Hampshire
Department of Health and Human Services
Amendment #3

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #27), and as amended on May 1, 2024 (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

   September 30, 2028

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

   $4,749,651

3. Modify Exhibit B, Scope of Services, Subsection 3.3., to read:

   3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the Berlin and Littleton DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve forty-four (44) DCYF families in the Berlin/Littleton Catchment Area; serving no less than 70% of the identified number of families for this region before the end of the contract period.

4. Modify Exhibit B, Scope of Services, Subsection 3.5.4., to read:

   3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.

5. Modify Exhibit B, Scope of Services, Subsection 3.7.1.2., to read:

   3.7.1.2. Have HFA CWP available in the Berlin and Littleton DCYF Catchment Areas.

   3.7.1.2.1. Should the Contractor be unable to provide services through the HFA CWP, a corrective action plan must be developed by the Contractor and approved by the Department.

   3.7.1.2.1.1. In the event that the Contractor is unable to provide services using the CWP, the Contractor must enter into a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of discontinuation.

DS
PS
Contractor Initials
Date 9/9/2024

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

1. This Agreement is funded by:

1.1. 79.06% Federal funds from:

1.1.1. 69.82% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595; and as awarded on September 2, 2022, FAIN X10MC46878; and as awarded on August 29,2023, FAIN X10MC50315.

1.1.2. 4.67% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935; and as awarded on October 28, 2021, FAIN X11MC45263.

1.1.3. 8.03% New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.

1.1.4. 17.48% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, CFDA 93.658, FAIN 2201NHFOST.

1.2. 20.94% General funds.

7. Modify Exhibit C, Payment Terms – Amendment #2, Section 7, to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-8 Budget Sheet, SFY 2024; and Exhibit C-10 Budget Sheet, SFY 2023 through Exhibit C-17, Budget Sheet SFY 2029 – Amendment #3.

8. Modify Exhibit C, Payment Terms, Section 9.3, to read:

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$89,168
SFY 2024	$108,983
SFY 2025	$218,844
SFY 2026	$218,844
SFY 2027	$218,844
SFY 2028	$218,844
SFY 2029	$54,711
Subtotal	**$1,128,238**

9. Modify Exhibit C, Payment Terms, by deleting Section 10 in its entirety.

10. Modify Exhibit C-3, Budget Sheet (SFY 2025) – Amendment #2, by replacing it in its entirety with Exhibit C-3 Budget, SFY 2025 – Amendment #3, which is attached hereto and incorporated by reference herein.

11. Add Exhibit C-14, Budget Sheet, SFY 2026 – Amendment #3, which is attached hereto and incorporated by reference herein.

12. Add Exhibit C-15, Budget Sheet, SFY 2027 – Amendment #3, which is attached hereto and incorporated by reference herein.

13. Add Exhibit C-16, Budget Sheet, SFY 2028 – Amendment #3, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-17, Budget Sheet, SFY 2029 – Amendment #3, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective October 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

9/9/2024
Date

DocuSigned by:
Iain Watt
D770BB03F9704C7...
Name: Iain Watt
Title: Director - DPHS

The Family Resource Center at Gorham

9/9/2024
Date

DocuSigned by:
Patricia Stolte
67653051EAD74FE...
Name: Patricia Stolte
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024
Date

DocuSigned by:
Robyn Guarino
748734844041460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	7/1/24 - 6/30/25
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 246,514.45
2. Fringe Benefits	$ 61,631.91
3. Consultants	$ 2,000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$ 1,000.00
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ 1,000.00
6. Travel	$ 18,000.00
7. Software	$ -
8. (a) Other - Marketing/ Communications	$ 1,000.00
8. (b) Other - Education and Training	$ 1,000.00
8. (c) Other - Other (specify below)	$ -
Other (Occupancy)	$ 19,000.00
Other (Telephones)	$ 4,000.00
Other (Liability Insurance)	$ 350.00
Other (Annual Fees)	$ 1,800.00
Other (Audit and Legal)	$ 2,000.00
Other (Postage)	$ 350.00
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 359,646.36
Total Indirect Costs	$ 35,864.64
TOTAL	$ 395,511.00

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/25 - 6/30/26
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 332,853.30
2. Fringe Benefits	$ 73,000.00
3. Consultants	$ 3,000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$ 2,000.00
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ 3,000.00
6. Travel	$ 30,000.00
7. Software	$ 600.00
8. (a) Other - Marketing/ Communications	$ 1,120.00
8. (b) Other - Education and Training	$ 2,500.00
8. (c) Other - Other (specify below)	$ -
Other (Occupancy)	$ 22,000.00
Other (Telephone)	$ 4,500.00
Other (Liability Insurance)	$ 1,000.00
Other (Annual Dues & Fees)	$ 2,000.00
Other (Audit & Legal)	$ 2,000.00
Other (Postage)	$ 399.43
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 479,972.73

Total Indirect Costs	$ 47,397.27
TOTAL	$ 527,370.00

Contractor PS

Date 9/10/2024

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/27 - 6/30/28
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 328,004.30
2. Fringe Benefits	$ 73,000.00
3. Consultants	$ 1,500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$ 1,000.00
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ 1,000.00
6. Travel	$ 21,000.00
7. Software	$ 200.00
8. (a) Other - Marketing/ Communications	$ 600.00
8. (b) Other - Education and Training	$ 1,000.00
8. (c) Other - Other (specify below)	$ -
Other (Occupancy)	$ 22,000.00
Other (Telephone)	$ 4,132.06
Other (Liability Insurance)	$ 1,000.00
Other (Annual Dues & Fees)	$ 1,500.00
Other (Audit & Legal)	$ 2,000.00
Other (Postage)	$ 300.00
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 458,236.36

Total Indirect Costs	$ 45,373.64
TOTAL	$ 503,610.00

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/27 - 6/30/28
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 386,149.40
2. Fringe Benefits	$ 77,388.96
3. Consultants	$ 3,000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$ 1,500.00
5.(a) Supplies - Educational	$
5.(b) Supplies - Lab	$
5.(c) Supplies - Pharmacy	$
5.(d) Supplies - Medical	$
5.(e) Supplies Office	$ 2,300.00
6. Travel	$ 30,000.00
7. Software	$ 1,000.00
8. (a) Other - Marketing/ Communications	$ 2,000.00
8. (b) Other - Education and Training	$ 2,000.00
8. (c) Other - Other (specify below)	$
Other (Occupancy)	$ 24,000.00
Other (Telephone)	$ 4,500.00
Other (Liability Insurance)	$ 1,100.00
Other (Annual Dues & Fees)	$ 3,200.00
Other (Audit & Legal)	$ 2,500.00
Other (Postage)	$ 500.00
9. Subrecipient Contracts	$
Total Direct Costs	$ 541,136.36
Total Indirect Costs	$ 53,393.64
TOTAL	$ 594,530.00

Contractor Initials PS

Date 9/10/2024

New Hampshire Department of Health and Human Services	
Complete one budget form for each budget period.	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/28-9/30/28
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$ 87,167.60
2. Fringe Benefits	$ 17,500.00
3. Consultants	$ 800.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$ 300.00
5.(a) Supplies - Educational	$ -
5.(b) Supplies - Lab	$ -
5.(c) Supplies - Pharmacy	$ -
5.(d) Supplies - Medical	$ -
5.(e) Supplies Office	$ 635.13
6. Travel	$ 3,300.00
7. Software	$ 100.00
8. (a) Other - Marketing/ Communications	$ 300.00
8. (b) Other - Education and Training	$ 200.00
8. (c) Other - Other (specify below)	$ -
Other (Occupancy)	$ 3,000.00
Other (Telephone)	$ 800.00
Other (Liability Insurance)	$ 100.00
Other (Annual Dues & Fees)	$ 100.00
Other (Audit & Legal)	$ 100.00
Other (Postage)	$ 100.00
9. Subrecipient Contracts	$ -
Total Direct Costs	$ 114,502.73

Total Indirect Costs	$ 11,400.27
TOTAL	$ 125,903.00

Contractor Initials PS

Date 9/10/2024

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE FAMILY RESOURCE CENTER AT GORHAM is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 03, 1997. 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: **270161**

Certificate Number: **0006608526**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 12th day of March A.D. 2024.

David M. Scanlan

Secretary of State

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CERTIFICATE OF AUTHORITY

I, Christian Corriveau, hereby certify that:

1. I am a duly elected Officer of The Family Resource Center at Gorham

2. The following is a true copy of a vote taken at a meeting of the Board of Directors, duly called and held on March 20, 2024 at which a quorum of the Board of Directors were present and voting.

VOTED: That Patricia Stolte is duly authorized on behalf of The Family Resource Center at Gorham to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person listed above currently occupies the position 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: 9/9/24

Signature
Name: Christian Corriveau
Title: President

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ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/04/2024

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: Fairley Kenneally	
E & S Insurance Services LLC 21 Meadowbrook Lane P O Box 7425 Gilford NH 03247-7425	PHONE (A/C, No, Ext): (603) 293-2791	FAX (A/C, No): (603) 293-7188
	E-MAIL ADDRESS: fairley@esinsurance.net	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
The Family Resource Center at Gorham 123 Main Street Gorham NH 03581	INSURER A: Great American Insurance Group	GAIG
	INSURER B: Travelers Property Casualty Co of America	25674
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 23-24 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:			MAC 3793560 18	05/10/2024	05/10/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Abuse/Molestation	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
A	☒ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $			UMB1137784 10	05/10/2024	05/10/2025	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		6JUB4N33995324	01/01/2024	01/01/2025	☒ 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)

CERTIFICATE HOLDER

State of NH Dept. of Health & Human Services
129 Pleasant Street
Concord NH 03301-3857

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Fairley Kenneally

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the family resource center

123 Main Street Gorham, NH 03581 (603) 466-5190 www.frc123.org

Mission

To build healthier Families and stronger communities through positive relationships, programs and collaborations in the North Country.

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Financial Statements

FAMILY RESOURCE CENTER AT GORHAM

FOR THE YEARS ENDED JUNE 30, 2023 AND 2022
AND
INDEPENDENT AUDITORS' REPORT AND REPORTS ON COMPLIANCE AND INTERNAL CONTROL

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FAMILY RESOURCE CENTER AT GORHAM

FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
Family Resource Center at Gorham

Opinion

We have audited the accompanying financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2023 and 2022, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Family Resource Center at Gorham as of June 30, 2023 and 2022, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Resource Center at Gorham's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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Auditors' 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Family Resource Center at Gorham'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 Family Resource Center at Gorham's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 13, 2023, on our consideration of Family Resource Center at Gorham'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 Family Resource Center at Gorham'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 Family Resource Center at Gorham's internal control over financial reporting and compliance.

Leone, McDonnell & Roberts
Professional Association

North Conway, New Hampshire
October 13, 2023

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENTS OF FINANCIAL POSITION
AS OF JUNE 30, 2023 AND 2022

ASSETS

	2023	2022
CURRENT ASSETS		
Cash and cash equivalents	$ 1,100,311	$ 1,001,201
Certificates of deposit	502,855	83,677
Grants receivable	459,651	607,171
Prepaid expenses	31,869	15,603
Total current assets	2,094,686	1,707,652
PROPERTY		
Leasehold improvements	100,805	88,452
Furniture and equipment	51,575	51,575
Buildings	70,015	70,015
Total	222,395	210,042
Less: accumulated depreciation	(122,681)	(113,185)
Property, net	99,714	96,857
OTHER ASSETS		
Investments	235,147	225,995
Agency deposits - cash	11,946	30,574
Operating lease right-of-use asset	44,094	48,973
Total other assets	291,187	305,542
TOTAL ASSETS	$ 2,485,587	$ 2,110,051

LIABILITIES AND NET ASSETS

CURRENT LIABILITIES		
Accounts payable	$ 33,884	$ 20,146
Accrued expenses	144,806	102,296
Due to State of New Hampshire	-	32,257
Agency deposits	11,946	30,574
Refundable advances	154,677	33,332
Current portion of right-of-use operating lease liability	13,027	11,572
Total current liabilities	358,340	230,177
OTHER LIABILITIES		
Right-of-use operating lease liability, less current portion shown above	31,067	37,401
Total liabilities	389,407	267,578
NET ASSETS		
Without donor restrictions		
Designated for long-term building maintenance	46,325	55,083
Undesignated	1,780,245	1,529,925
Total net assets without donor restrictions	1,826,570	1,585,008
With donor restrictions	269,610	257,465
Total net assets	2,096,180	1,842,473
TOTAL LIABILITIES AND NET ASSETS	$ 2,485,587	$ 2,110,051

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2023

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE AND SUPPORT			
Grants	$ 1,720,241	$ -	$ 1,720,241
Medicaid	1,708,785	-	1,708,785
In-kind contributions	126,817	-	126,817
Contributions	50,979	-	50,979
Agency rents	45,841	-	45,841
Investment return	-	12,145	12,145
Interest income	3,664	-	3,664
Other income	14,017	-	14,017
Net assets released from restrictions	-	-	-
Total revenue and support	3,670,344	12,145	3,682,489
EXPENSES			
Program services	2,973,339	-	2,973,339
Management and general	455,443	-	455,443
Total expenses	3,428,782	-	3,428,782
CHANGE IN NET ASSETS	241,562	12,145	253,707
NET ASSETS, BEGINNING OF YEAR	1,585,008	257,465	1,842,473
NET ASSETS, END OF YEAR	$ 1,826,570	$ 269,610	$ 2,096,180

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED JUNE 30, 2022

	Without Donor Restrictions	With Donor Restrictions	Total
REVENUE AND SUPPORT			
Grants	$ 2,503,575	$ -	$ 2,503,575
Medicaid	1,530,768	-	1,530,768
In-kind contributions	111,319	-	111,319
Contributions	35,794	15,000	50,794
Agency rents	43,698	-	43,698
Investment return	-	(22,628)	(22,628)
Interest income	798	-	798
Other income	804	-	804
Net assets released from restrictions	13,520	(13,520)	-
Total revenue and support	4,240,276	(21,148)	4,219,128
EXPENSES			
Program services	3,338,172	-	3,338,172
Management and general	471,484	-	471,484
Total expenses	3,809,656	-	3,809,656
CHANGE IN NET ASSETS	430,620	(21,148)	409,472
NET ASSETS, BEGINNING OF YEAR	1,154,388	278,613	1,433,001
NET ASSETS, END OF YEAR	$ 1,585,008	$ 257,465	$ 1,842,473

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2023

	Program Services	Management and General	Total
Personnel Costs			
Salaries and wages	$ 1,822,061	$ 257,988	$ 2,080,049
Employee benefits	234,890	28,346	263,236
Payroll taxes	144,149	19,470	163,619
Travel	223,745	1,965	225,710
Food and supplies	205,388	2,870	208,258
Program activities	117,879	-	117,879
Contractors and consultants	65,312	19,652	84,964
Training	52,255	806	53,061
Legal and professional fees	4,868	36,126	40,994
Rent	33,633	-	33,633
Heat and utilities	-	30,004	30,004
Telephone and internet	26,961	1,685	28,646
Liability insurance	16,631	3,981	20,612
Repairs and maintenance	-	19,601	19,601
Technology	2,231	14,113	16,344
Small equipment	11,586	1,011	12,597
Advertising	10,244	1,585	11,829
Depreciation	-	9,496	9,496
Property insurance	-	2,626	2,626
Payroll processing service	-	2,223	2,223
Printing	873	654	1,527
Postage and shipping	633	450	1,083
Conferences and meetings	-	661	661
Bank charges	-	130	130
Total	$ 2,973,339	$ 455,443	$ 3,428,782

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2022

	Program Services	Management and General	Total
Personnel Costs			
Salaries and wages	$ 1,989,734	$ 248,433	$ 2,238,167
Employee benefits	261,219	27,951	289,170
Payroll taxes	164,123	20,603	184,726
Food and supplies	223,819	2,778	226,597
Program activities	224,287	245	224,532
Travel	189,434	1,203	190,637
Contractors and consultants	92,880	11,935	104,815
Training	76,476	1,389	77,865
Technology	3,551	71,491	75,042
Telephone and internet	31,702	2,378	34,080
Legal and professional fees	6,658	20,914	27,572
Rent	27,315	-	27,315
Heat and utilities	-	26,870	26,870
Liability insurance	19,497	3,397	22,894
Advertising	18,593	219	18,812
Repairs and maintenance	-	12,839	12,839
Small equipment	6,800	984	7,784
Depreciation	-	6,450	6,450
Payroll processing service	-	5,656	5,656
Printing	1,491	1,985	3,476
Property insurance	-	1,987	1,987
Conferences and meetings	160	796	956
Other	25	829	854
Postage and shipping	408	2	410
Bank charges	-	150	150
Total	$ 3,338,172	$ 471,484	$ 3,809,656

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 253,707	$ 409,472
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Unrealized (gain) loss on investments	(6,796)	33,135
Realized gains on investments	(424)	(6,213)
Depreciation	9,496	6,450
Acquisition of right-of-use asset	(7,150)	(58,578)
Amortization of right-of-use asset	12,029	9,605
Increase in operating lease liability	-	48,973
Reduction of operating lease liability	(4,879)	-
(Increase) decrease in assets:		
Grants receivable	147,520	(83,421)
Prepaid expenses	(16,266)	63,427
Increase (decrease) in liabilities:		
Accounts payable	13,738	5,027
Accrued expenses	42,510	7,397
Due to State of New Hampshire	(32,257)	32,257
Agency deposits	(18,628)	30,234
Refundable advances	121,345	(268,723)
NET CASH PROVIDED BY OPERATING ACTIVITIES	513,945	229,042
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from the sale of investments	40,702	36,151
Purchase of investments and certificates of deposits	(461,812)	(40,792)
Additions to property and equipment	(12,353)	(13,520)
NET CASH USED IN INVESTING ACTIVITIES	(433,463)	(18,161)
NET INCREASE IN CASH AND EQUIVALENTS AND RESTRICTED CASH	80,482	210,881
CASH AND EQUIVALENTS AND RESTRICTED CASH, BEGINNING OF YEAR	1,031,775	820,894
CASH AND EQUIVALENTS AND RESTRICTED CASH, END OF YEAR	$ 1,112,257	$ 1,031,775
CASH BALANCES		
Cash and equivalents, operating	$ 1,100,311	$ 1,001,201
Agency deposits - cash	11,946	30,574
Total cash and equivalents and restricted cash	$ 1,112,257	$ 1,031,775

See Notes to Financial Statements

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FAMILY RESOURCE CENTER AT GORHAM

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

The Family Resource Center at Gorham (the Resource Center) is a voluntary, not-for-profit corporation incorporated under the laws of the State of New Hampshire (RSA 292) and organized exclusively for tax-exempt charitable and educational purposes. The principal activity of the Resource Center is to deliver programming that works to build healthier families and stronger communities.

The programs are preventative and help to remove obstacles by providing pathways to healthy family function and early childhood development to at-risk and underserved populations in northern New Hampshire.

Evidence-based home visiting delivers parent education and support that empowers parents to build healthy family dynamics. They address issues such as substance misuse, lack of education, safe housing and employment. The Resource Center provides community based social and emotional support through workshops, support groups, and counseling to promote family success.

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Basis of Presentation

The financial statements of the Resource Center have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require the Resource Center to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Resource Center. These net assets may be used at the discretion of the Resource Center's management and board of directors.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Resource Center or by passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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Cash and Cash Equivalents
Cash and cash equivalents include all monies in banks and liquid investments with maturity dates of less than three months. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments.

Certificates of Deposits
The certificates of deposits are carried at fair value. Interest is accrued and recognized in income when earned.

Grants Receivable
Grants receivable from various public and other nonprofit organizations at June 30, 2023 and 2022 were considered fully collectable and therefore no provisions for bad debts have been made in these financial statements.

Investments
Investments are accounted for according to Accounting Standards Codification (ASC) 958-320 *Not For Profit Entities – Investments – Debt and Equity Securities*. Under ASC 958-320, investments in marketable securities with readily determinable fair values and all investments in debt securities are valued at their fair values in the statement of financial position. Unrealized gains and losses are included in the change in net assets. Fair values of investments are based on quoted prices in active markets for identical investments.

Property and Equipment
Property and equipment is recorded at cost if purchased and at fair value if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets as follows:

Furniture and equipment	5 - 15 years
Leasehold improvements	20 years
Buildings	39 years

The Resource Center's policy is to capitalize all assets over $2,500 with an expected life of one year or longer. Assets sold or otherwise disposed of are removed from the accounts, along with the related depreciation allowance, and any gain or loss is recognized.

Refundable Advances
The Resource Center records grant/contract revenue as a refundable advance until it is expended for the purpose of the grant/contract, at which time it is recognized as revenue.

Revenue Recognition
In May of 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This ASU is a comprehensive revenue recognition model that requires an organization to recognize revenue to depict the transfer of goods or services to a customer at an amount that reflects the consideration it expects to receive in exchange for those goods or services. Contracts and transactions with customers predominantly contain a single performance obligation.

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The Resource Center records the following exchange transaction revenue in its statements of activities for the years ended June 30, 2023 and 2022:

Program Service Fees – Revenue from providing family support services under the State of New Hampshire's Medicaid program. Revenue from providing family support services is recognized at the completion of providing such services.

Agency Rents – Revenue from the rental of office space is recognized over time.

Contributions

Contributions received are recorded as increases in net assets without donor restrictions or net assets with donor restrictions depending on the existence and/or nature of any donor or time restrictions. A purpose restriction permits the Resource Center to use contributed assets as specified for a particular purpose. Net assets restricted in perpetuity are those that are required to be permanently maintained, but income from such investments may be used for specified purposes. All donor restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets released from restrictions.

Contributions of donated non-cash assets are recorded at their fair values in the period received. Contributions of donated services that create or enhance non-financial assets or that require specialized skills, which are provided by the individuals possessing those skills, and would typically need to be purchased if not provided by donations, are recorded at their fair values in the period received.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, costs have been allocated among the program services and supporting activities benefited. Such allocations have been determined by management on an equitable basis.

The expenses that are allocated include the following:

Expense	Method of Allocation
Salaries and benefits	Time and effort
Occupancy	Square footage
Depreciation	Square footage
All other expenses	Direct assignment

Income Taxes

The Resource Center is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, the Resource Center qualifies for the charitable contribution deduction under Section 170(b)(1)(a) and has been classified as an organization that is not a private foundation.

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Management has evaluated the Resource Center's tax positions and concluded that the Resource Center has maintained its tax-exempt status and has taken no uncertain tax positions that would require adjustment to the financial statements.

Advertising
Advertising costs are expensed as incurred.

Reclassifications
Certain amounts in the prior year financial statements have been reclassified for comparative purposes to conform with the presentation in the current year financial statements.

Fair Value of Financial Instruments
ASC Topic No. 820-10, *Fair Value Measurement*, provides a definition of fair value which focuses on an exit price rather than an entry price, establishes a framework in generally accepted accounting principles for measuring fair value which emphasizes that fair value is a market based measurement, not an entity specific measurement, and requires expanded disclosures about fair value measurements. In accordance with FASB ASC 820-10, the Resource Center may use valuation techniques consistent with market, income and cost approaches to measure fair value. As a basis for considering market participant assumptions in fair value measurements, ASC Topic 820-10 establishes a fair value hierarchy, which prioritizes the inputs used in measuring fair values. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. The three levels of the fair value hierarchy under ASC Topic 820-10 are described as follows:

> ***Level 1*** – Inputs to the valuation methodology are quoted prices available in active markets for identical investments as of the reporting date.
>
> ***Level 2*** - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies.
>
> ***Level 3*** - Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

At June 30, 2023 and 2022, the Resource Center's investments were all classified as Level 1 and were based on fair value.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2023 and 2022.

> *Equities*: Valued at the closing market price on the stock exchange where they are traded (primarily the New York Stock Exchange).

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Mutual Funds: Valued at the net asset value (NAV) of shares held by the Resource Center at year-end.

The preceding method may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Resource Center believes its valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

New Accounting Pronouncement

As of July 1, 2022, the Resource Center adopted the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-02, *Leases (Topic 842)*, as amended. The standard requires lessees to recognize assets and liabilities for leases with lease terms of more than twelve months. The recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee primarily will depend on its classification as a financing or operating lease. Results for the reporting years June 30, 2023 and 2022 are presented under FASB ASC Topic 842. The ASU has been applied retrospectively to all periods presented. As a result, a right-of-use asset of $44,094 and $48,973 was recognized at June 30, 2023 and 2022, respectively. A right-of-use operating lease liability of 44,094 and $48,973 was also recognized at June 30, 2023 and 2022, respectively.

2. LIQUIDITY AND AVAILABILITY

The following represents the Resource Center's financial assets as of June 30, 2023 and 2022:

	2023	2022
Cash and cash equivalents	$ 1,100,311	$ 1,001,201
Certificates of deposit	502,855	83,677
Grants receivable	459,651	607,171
Investments	235,147	225,995
Agency deposits - cash	11,946	30,574
Total financial assets	2,309,910	1,948,618
Less amounts not available to be used within one year:		
Net assets with donor restrictions	269,610	257,465
Amount board designated for long-term maintenance	46,325	55,083
Agency deposits - cash	11,946	30,574
Amounts not available within one year	327,881	343,122
Financial assets available to meet general expenditures over the next twelve months	$ 1,982,029	$ 1,605,496

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The Resource Center's goal is generally to maintain financial assets to meet 90 days of operating expenses (approximately $860,000) As part of its liquidity plan, excess cash is invested in short-term investments, including money market accounts and certificates of deposits.

3. INVESTMENTS

Investments presented in the financial statements are stated at fair value. Realized gains and losses are determined on the specific identification method. Gains and losses (realized and unrealized) are reported in the statement of activities as increases or decreases to net assets without donor restrictions, except for those investments for which their use is restricted. Information on investments at June 30, 2023 and 2022 is presented as follows:

	2023		2022	
	Cost	Market Value	Cost	Market Value
Equities	$ 106,039	$ 120,345	$ 125,284	$ 118,904
Mutual Funds	121,115	114,802	99,515	107,091
Totals	$ 227,154	$ 235,147	$ 224,799	$ 225,995

Components of Investment Return:

	2023	2022
Interest and dividends	$ 8,558	$ 8,817
Unrealized gain (loss)	6,796	(33,135)
Realized gain	424	6,213
Investment fees	(3,633)	(4,523)
Total investment return	$ 12,145	$ (22,628)

4. AGENCY DEPOSITS

During the year ended June 30, 2023, the Resource Center began serving as a fiscal agent for Small Acts North, a Northern New Hampshire not-for-profit volunteer group that supports the community by providing small acts of kindness. The amount held on behalf of Small Acts North as of June 30, 2023 and 2022 was $11,946 and $30,574, respectively.

5. DEMAND NOTE PAYABLE

In April 2013, the Resource Center entered into a revolving line of credit agreement with a bank. The revolving line of credit agreement provided for maximum borrowings up to $75,000 and was collateralized by a certificate of deposit held at the same bank. At June 30, 2022, the interest rate on the revolving line of credit was stated at the bank's prime rate of 4.75%. There was no balance outstanding as of June 30, 2022. This line of credit agreement was closed in May of 2023.

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6. CONCENTRATION OF CREDIT RISK - CASH

The Resource Center maintains cash balances that, at times, may exceed federally insured limits. The cash balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000 per bank at June 30, 2023 and 2022. The Resource Center has not experienced any losses in such accounts and believes it is not exposed to any significant risk with these accounts. Cash balances in excess of FDIC insured limits amounted to $1,136,663 and $874,727 at June 30, 2023 and June 30, 2022, respectively.

7. CONCENTRATION OF RISK

For the years ended June 30, 2023 and 2022, approximately 46% and 36% of the total revenue was derived from Medicaid, respectively.

In order for the Resource Center to receive Medicaid funding, they must be formally approved by the State of New Hampshire, Department of Health and Human Services, Division of Community Based Care Services, Bureau of Behavioral Health, and Bureau of Developmental Services as the provider of services for individuals with mental health illnesses and developmentally disabled individuals, for that region.

Medicaid receivables comprise approximately 11% and .17% of the total accounts receivable balances at June 30, 2023 and 2022, respectively.

8. NET ASSETS

Net assets with donor restrictions were as follows for the years ended June 30, 2023 and 2022:

	2023	2022
Purpose restrictions:		
Flooring/carpeting	$ 13,480	$ 13,480
Community events	15,000	15,000
Restrictions in perpetuity:		
Endowment	241,130	228,985
Total net assets with donor restrictions	$ 269,610	$ 257,465

Net assets without donor restrictions for the years ended June 30, 2023 and 2022 are as follows:

	2023	2022
Undesignated	$ 1,780,245	$ 1,529,925
Board designated	46,325	55,083
Total net assets without donor restrictions	$ 1,826,570	$ 1,585,008

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9. NET ASSETS WITHOUT DONOR RESTRICTIONS – BOARD DESIGNATED

By vote of the Board of Directors, funds have been designated for long-term building maintenance. Net assets without donor restrictions designated by the board was $46,325 and $55,083 at June 30, 2023 and 2022, respectively.

10. ENDOWMENT FUND

In 2007, the Resource Center established a permanent endowment fund for the organization with the intent of accumulating donations and interest earnings of one million dollars. Per the laws of the State of New Hampshire (RSA 292-B:4), 7% of the fair market value of the endowment fund, calculated on the basis of fair market value determined at least quarterly and averaged over a period of not less than three years may be appropriated for operating account expenditures. No distributions were taken during the years ended June 30, 2023 and 2022.

The Not-for-Profit Entities Topic of the FASB ASC (ASC 958-205 and subsections) intends to improve the quality of consistency of financial reporting of endowments held by not-for-profit organizations. This Topic provides guidance on classifying the net assets associated with donor-restricted endowment funds held by organizations that are subject to an enacted version of the Uniform Prudent Management Institutional Funds Act (UPMIFA). New Hampshire has adopted UPMIFA. The Topic also requires additional financial statement disclosures on endowments and related net assets.

The Resource Center has followed an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve the principal of the fund and at the same time, provide a dependable source of support to help build healthier families and stronger communities.

In recognition of the prudence required of fiduciaries, the Resource Center only invests the fund in cash and mutual funds. The Resource Center has taken a risk adverse approach to managing the endowment fund in order to mitigate financial market risk such as interest rate, credit and overall market volatility, which could substantially impact the fair value of the endowment fund at any given time.

Fund activity for June 30, 2023 and 2022 was as follows:

	Balances as of June 30, 2022	Activity for the Year Ended June 30, 2023	Balances as of June 30, 2023
Permanent gifts	$ 175,809	$ -	$ 175,809
Investment earnings	74,840	8,558	83,398
Realized gain	68,926	424	69,350
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(49,995)	(3,633)	(53,628)
Unrealized gain	995	6,796	7,791
	$ 228,985	$ 12,145	$ 241,130

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	Balances as of June 30, 2021	Activity for the Year Ended June 30, 2022	Balances as of June 30, 2022
Permanent gifts	$ 175,809	$ -	$ 175,809
Investment earnings	66,023	8,817	74,840
Realized gain	62,713	6,213	68,926
Transfer to unrestricted	(41,590)	-	(41,590)
Investment expense	(45,472)	(4,523)	(49,995)
Unrealized gain (loss)	34,130	(33,135)	995
	$ 251,613	$ (22,628)	$ 228,985

11. OPERATING LEASES

The Resource Center leases its current facility from the Town of Gorham. In lieu of rent, the Resource Center is responsible for the cost of repairs and maintenance, insurance, utilities and rubbish removal. The lease expired on June 30, 2020. The lease continues under the same terms on a month-to-month basis.

The Resource Center in turn sublets space in the facility to other nonprofit and community agencies at an average rate of approximately $10 - $16 per square foot. All participating organizations must provide services to a client base that is at least 66% low and moderate income.

During the year ended June 2021, the Resource Center entered into a lease agreement for office space in Littleton, New Hampshire with John & Paul Tuite Partnership. The terms of the lease call for monthly payments of $1,000 through October 31, 2026. Rent expense under this agreement aggregated $12,000 for the years ended June 30, 2023 and 2022.

During March of 2023, the Resource Center entered into a lease agreement for two copiers in Gorham, New Hampshire. The terms of the lease agreement calls for monthly payments of $130 through March 9, 2028. Rent expense under this agreement aggregated $520 for the year ended June 30, 2023.

The right-of-use asset and related operating lease liability for the above leases amounted to $44,094 and $48,973 for the years ended June 30, 2023 and 2022, respectively. The weighted average lease term was 3.32 and 4.16 years for the years ended June 30, 2023 and 2022, respectively. The weighted average discount rate was 1.38% and 0.98% for the years ended June 30, 2023 and 2022, respectively.

Total lease expense under these agreements totaled $12,520 and $10,000 for the years ended June 30, 2023 and 2022, respectively.

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Minimum future lease payments required under the operating lease agreement in effect at June 30, 2023 were as follows:

Year Ending June 30	Amount
2024	$ 13,560
2025	13,560
2026	13,560
2027	5,560
2028	1,040
Total	$ 47,280

12. IN-KIND CONTRIBUTIONS

The Resource Center received the following in-kind contributions during the years ended June 30, 2023 and 2022:

	2023	2022
Donated clothing, toys, and household supplies	$ 126,817	$ 111,319

The Resource Center's policy related to in-kind contributions is to utilize the assets given to carry out the mission of the Resource Center. If an asset is provided that does not allow the Resource Center to utilize it in its normal course of business, the asset will be sold at its fair value as determined by appraisal or specialist depending on the type of asset.

Donated supplies for the years ended June 30, 2023 and 2022 were considered contributions without donor restrictions and were recorded as food and supplies expense on the accompanying statements of functional expenses.

13. SUBSEQUENT EVENTS

Subsequent events are events or transactions that occur after the statement of financial position date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of financial position date, including the estimates inherent in the process of preparing financial statements. Non recognized subsequent events are events that provide evidence about conditions that did not exist at the statement of financial position date but arose after that date. Management has evaluated subsequent events through October 13, 2023, the date the June 30, 2023 financial statements were available for issuance.

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FAMILY RESOURCE CENTER AT GORHAM

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE YEAR ENDED JUNE 30, 2023

FEDERAL GRANTOR/ PASS-THROUGH GRANTOR/ PROGRAM TITLE	FEDERAL ALN	PASS THROUGH GRANTOR NUMBER	FEDERAL EXPENDITURES
U.S. DEPT. OF HEALTH AND HUMAN SERVICES			
Passed through State of New Hampshire			
Department of Health and Human Services, Office of Human Services, Division of Children, Youth and Families			
Stephanie Tubbs Jones Child Welfare Services Program	93.645	2001NHCWSS	$ 8,494
Promoting Safe and Stable Families	93.556	2001FPSS	41,788
Social Services Block Grant	93.667	2001NHSOSR	144,027
Temporary Assistance for Needy Families	93.558	19NHTANF	345,033
Maternal & Child Health Services Block Grant for States	93.994	90CA1858	11,160
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	25,598
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	41,164
Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-5896	260,060
ARPA - Maternal, Infant and Early Childhood Home Visiting Program	93.870	05-95-90-902010-2451	74,173
			400,995
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5771	33,678
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5190	17,630
Activities to Support (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90-902010-5771	136,914
			188,222
Foster Care - Title IV - E	93.658	05-95-042-421010-29580000	7,278
Total U.S. Department of Health and Human Services			$ 1,146,997
Total expenditures of federal awards			$ 1,146,997

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FAMILY RESOURCE CENTER AT GORHAM

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2023

NOTE A BASIS OF PRESENTATION

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Family Resource Center at Gorham under programs of the federal government for the year ended June 30, 2023. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Family Resource Center at Gorham, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Family Resource Center.

NOTE B SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Uniform Guidance, where in certain types of expenditures are not allowable or are limited to reimbursement. Negative amounts shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

NOTE C INDIRECT COST RATE

Family Resource Center at Gorham has elected to use the 10-percent de minimis indirect cost rate allowed under Uniform Guidance.

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PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors of
Family Resource Center at Gorham

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Family Resource Center at Gorham (a New Hampshire nonprofit organization), which comprise the statements of financial position as of June 30, 2023 and 2022, and the related statements of activities, and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated October 13, 2023.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Family Resource Center at Gorham's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control. Accordingly, we do not express an opinion on the effectiveness of Family Resource Center at Gorham's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements, on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

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Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Family Resource Center at Gorham's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Leone, McDonnell & Roberts
Professional Association

North Conway, New Hampshire
October 13, 2023

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Leone, McDonnell & Roberts
PROFESSIONAL ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS
DOVER • WOLFEBORO
NORTH CONWAY

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

To the Board of Directors of
Family Resource Center at Gorham

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Family Resource Center at Gorham's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of Family Resource Center at Gorham's major federal programs for the year ended June 30, 2023. Family Resource Center at Gorham's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

In our opinion, Family Resource Center at Gorham complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Family Resource Center at Gorham and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Family Resource Center at Gorham's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Family Resource Center at Gorham's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Family Resource Center at Gorham's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Family Resource Center at Gorham's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Family Resource Center at Gorham's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Family Resource Center at Gorham's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Family Resource Center at Gorham's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Leone, McDonnell & Roberts
Professional Association

North Conway, New Hampshire
October 13, 2023

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FAMILY RESOURCE CENTER AT GORHAM

SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE YEAR ENDED JUNE 30, 2023

A. SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unmodified opinion on whether the financial statements of Family Resource Center at Gorham were prepared in accordance with GAAP.

2. No significant deficiencies relating to the audit of the financial statements are reported in the *Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards.* No material weaknesses are reported.

3. No instances of noncompliance material to the financial statements of Family Resource Center at Gorham, which would be required to be reported in accordance with Government Auditing Standards, were disclosed during the audit.

4. No significant deficiencies in internal control over major federal award programs are reported in the *Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by Uniform Guidance.* No material weaknesses are reported.

5. The auditors' report on compliance for the major federal award programs for Family Resource Center at Gorham expresses an unmodified opinion on all major federal programs.

6. There were no audit findings that are required to be reported in accordance with 2 CFR 200.516(a).

7. The programs tested as major programs were: U.S. Department of Health and Human Services, Temporary Assistance for Needy Families (TANF), ALN – 93.558.

8. The threshold for distinguishing between Type A and B programs was $750,000.

9. Family Resource Center at Gorham Family Resource Center at Gorham was determined to be a low-risk auditee.

B. FINDINGS – FINANCIAL STATEMENTS AUDIT

None

C. FINDINGS AND QUESTIONED COSTS–MAJOR FEDERAL AWARD PROGRAM AUDIT

None

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Board of Directors- Family Resource Center

Christian Corriveau, President

Heidi Barker, Vice President

Bronson Paradis, Secretary

Chelsea Andrea

Chrissy Grant

Jess Hannigan

Margo Sullivan

Dawn Cross

Chasity Murphy

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GABRIELLE FLANDERS

[redacted]

OBJECTIVE

Highly skilled and empathetic professional with experience leading, managing and supervising professional staff in social services. Past work has included supervisory support; coaching; program planning and development and educational parenting support. Active listener with a knack for building lasting professional relationships.

EXPERIENCE

THE FAMILY RESOURCE CENTER — MARCH 2016– PRESENT

DIRECTOR OF FAMILY SUPPORT SERVICES — NOVEMBER 2022- PRESENT
ASSOCIATE DIRECTOR OF FAMILY SUPPORT — JUNE 2018- NOVEMBER 2022
PROGRAM MANAGER — MARCH 2016- JUNE 2018

- Manage and develop home visiting and family support programs in Coos and Upper Grafton county

DECEMBER 2018 – DECEMBER 2019

- **PYRAMID MODEL COACH,** I-SOCIAL NH DOE, BUREAU OF STUDENT SUPPORT
- Provide social emotional learning practice-based coaching to designated implementation sites across northern and southern New Hampshire.
- Responsible for maintaining and submitting electronic and paper-based records in a secure manner to preserve confidentiality and document successes and progress.
- Observed workers performance and provided feedback while having tough conversations when necessary.

- **MARCH 2016– PRESENT**
- **SEL COACHING COORDINATOR,** COOS COALITION FOR YOUNG CHILDREN & FAMILIES
- Created and maintained an effective and efficient Coaching System around SEL to support the growing needs of the local organizations.
- Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations.

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- Created and offered additional materials to enhance coaching around SEL. Reduced process gaps by supporting the effective coaching of new practitioners on best practices and protocols through supporting and creating a process.
- Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials.
- Mentored and coached new coaches by offering insight into successful procedures and implementation of program training. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all local organizations.
- Overseeing ongoing coaching in Pyramid Model, Growing Great Kids, and Mind in the Making.
- Linked with local agencies to learn their coaching needs in regards to Social Emotional Learning and supporting their engagement.

EDUCATION

MAY 2015

BACHELOR OF SCIENCE, NEW ENGLAND COLLEGE

Dean's List

SKILLS

- Reliable & Flexible
- Self-starter and Quick learner
- Ability to analyze data & be creative with outcomes
- Strength based & growth minded
- Experience supervising/managing & coaching a team
- Active Listener
- Effective public speaker
- Strategy & system thinker
- Proficient computer skills including MS Word, Excel, PowerPoint and Outlook
- Ability to multi-task, be versatile and deal with crisis situations while maintaining excellent time management skills and professionalism
- Knack for learning new technology & software

BOARDS, COMMITTEES, VOLUNTEERING, ETC.

- North Country Maternity Network Advisory Board *2022- Present*
- Raising Strong Families Steering Committee *2021- Present*
- Substance Exposed Infant Pilot Project 2019-2020
- Coos Coalition for Young Children Leadership Workgroup

TRAINING, CERTIFICATIONS, SKILLS

- Peer Recovery Support Worker- Certified RCA
- Dialectical Behavior Therapy (DBT)
- Motivational Interviewing
- Practice-Based Coach

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- Circle of Security- Facilitator
- Boundary Spanning Leadership
- Policy & Procedure writing
- Reflective Supervision
- ASQ: Watch Me Grow- Facilitator

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Briana M. Shannon



Objective

Dedicated and experienced professional seeking to contribute to the Family Resource Center's mission by leveraging my expertise in family support services, community collaboration, and program management. Committed to building healthier families and stronger communities in the North Country of New Hampshire through positive relationships, innovative programs, and strategic partnerships.

Work Experience

Program Manager-Healthy Families America
The Family Resource Center of Northern New Hampshire - Gorham, NH
July 2018 to Present

- Manage daily program operations for the Healthy Families America Program.
- Track visit completion rates, and update tracking forms
- Oversee program supervisor's daily performance while providing growth opportunities.
- Provide high quality reflective supervision and support other program leaders
- Recruit, train, supervise, coach, evaluate, and support program staff
- Maintain program fidelity and accreditation, in accordance with national standards
- Draft and manage program budgets
- Ensure program compliance with state and local contracts-

Supervisor
The Family Resource Center-Gorham, NH
February 2018-July 2018

- Provide administrative, clinical and reflective supervision to staff weekly.
- Complete detailed documentation of supervisory sessions.
- Provide education, training, and mentoring for new staff.
- Support Program Manager with accreditation preparation.
- Work collectively with staff to create healthy work-life balance supporting individual growth.
- Edit, revise, track staff's weekly documentation, developing plans to support incomplete measures.
- Work collectively with Program Manager to track and develop plans for improvement for low benchmark measures.

Family Support Specialist
The Family Resource Center - Gorham, NH
February 2016 to July 2018

- Provide parent education to referred families by use of visuals and specialized educational tools.
- Document clients contact notes and complete data updates.
- Meet regularly with supervisor for supervision and case consultation.
- Utilize all professional development opportunities provided
- Communicate openly with referral sources

Additional Employment history available upon request

Education

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Groveton High School-High School diploma
Southern NH University-2019- Not currently enrolled

Skills

- Microsoft Office
- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Program Management
- Budgeting
- Project / Program Management
- Project Management
- Process Improvement
- Reflective Practice/Reflective Supervision
- Strategic Planning
- Motivational Interviewing
- Meeting planning
- Event Organization/collaboration

Certifications and Trainings

Growing Great Kids Curriculum--- July 2016
Motivational Interviewing--- March 2016
Recovery Coach Academy--- June 2019
Infant Mental Health First Aide--- March 2016 & May 2023
Standards of Quality--- November 2020 to November 2022
Integrated Strategies for Family Support--- September 2016
Parent Survey and Community Outreach training--- April 2017
Families, Resiliency and Opportunities for Growth training--- December 2021
Families, Resiliency, and Opportunities for Growth Supervisor Training--- January 2022
Healthy Families America National Peer Reviewer Training--- June 2022
Solution Based Casework Training--- February 2021
Transforming Trauma & PTSD--- July 2020
Cultural Competency & Diversity Workshop—February 2024
Relationships & Reflections: HFA Core Supervisor Training: September 2023
Advanced Supervisor Training-July 2018
Newborn Behavioral Observation- Brazelton Institute- January 2021

Additional training certificates available upon request

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JULIE KINERSON

[redacted]

EXPERIENCE

APRIL 2023- PRESENT

Healthy Families America Supervisor

- *Working as a supervisor in the Healthy Families America Program. Supporting Family Support Specialists who support families with child attachment, bonding and child development.*

JULY 7 2020– PRESENT

Family Resource Center – Healthy Families America Family Support Specialist

- *Working as a family support specialist in the Healthy Families America Program. Supporting Parenting Education and child attachment, bonding and child development.*

SEPTEMBER 2006 – SEPTEMBER 2008

Dunkin donuts

- Worked as team member for a year. Held shift leader position and was responsible for the team on shift. I worked the cash registers as well as maintaining staff duties that needed to be accomplished each day.

June 2003 – September 2006

Storyland

- Worked in the drama department before transferring to entrance where I handled the cash for admissions. This included managing cash registers for food department breaks and worked the customer service desk.

EDUCATION

2013- 2020

BACHELORS DEGREE, POST UNIVERSITY

- Post University, Connecticut
- BA in Human Services, concentration in counseling
- GPA - 3.9

2002 - 2006

HIGH SCHOOL, Berlin Senior High

SKILLS

- Verbal and Non-Verbal Communication
- Time Management
- Organization
- Flexibility
- Multi-tasking
- Technology

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ACTIVITIES

- Growing Great Kids Curriculum Coach
- Healthy Families America Trainer
- Volunteer at church events for families
- Served in church nursery
- Volunteer at Bible camp
- Home schooled children for 5 years

My career objective is to provide needed services to those living in the community. I have excellent communication and organizational skills that I have developed over the years. I plan to use my skills to make a positive difference in my community. I have a heart for working with families in multiple capacities. When it comes to my goals, I do what I can to attain them. I don't let a challenge stop me and will grow by seeking new ideas and help from other sources when necessary. I keep going until I can accomplish my goal.

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ANN-MARIE E. SMITH

[redacted]

Experience

2017 - Present

HFA Supervisor/Family Support Specialist ▪ Colebrook, NH

Oversee Family Support Specialists, provide weekly reflective supervision, ensure accuracy of client notes, and reviews time sheets and mileage Providing in home support to at-risk families. Creating support plans based on family's needs including budgeting assistance, parenting skills, child development, and referrals to outside services. Using reflective and active listening skills, practice high confidentiality, record keeping, and offer creative and flexibility with planning for each family.

2008 - 2017

Child and Family Services ▪ Colebrook, NH

Family Support Worker and Home Visits. I have been providing in-home education as well as parenting, child development, budgeting, personal communication along with household and stress management. I also assist in accessing community and state resources.

1993 – 2008

- **Kingswood Regional Middle and High School ▪ Wolfeboro, NH**
- **Inter-Lakes Middle School ▪ Meredith, NH**
- **Governor Wentworth Regional School District ▪ Wolfeboro, NH**
- **Bartlett Community Preschool NH ▪ Bartlett, NH**

Teaching in a general classroom setting for all age groups to One-on-One Special Assistant. Encouraging physically handicapped student develop social skills, academic comprehension, and communication through facial, body, and sign language. Helping with mental and developmental disabilities with various curriculum and techniques. Involved in confidential mediations alongside behavioral councilors, aiding students to deal with relationships, family issues and peer conflicts. Successfully preventing and resolving negative confrontations and behavior by setting appropriate boundaries creating positive resolutions

Skills and Interests

- Through workshops and other ventures in my life, I have gained techniques to motivate and aide behavioral problems and learning disabilities.
- I am certified in NH Healthy Kids Training and am an Accredited provider of Level 4 Positive Parenting Program. I am also certified in Growing Great Kids-Tier 1, prenatal to 36 mos. skill developmental program. I am trained in ASQ-ASQ-SE and am on the steering committees for "Watch me Grow", and Maternal Depression, promoting MD awareness in Coos County
- I like to stay active, both professionally and physically. I walk daily and am always looking at furthering my personal knowledge and education to invest in our Coos kids.

Education

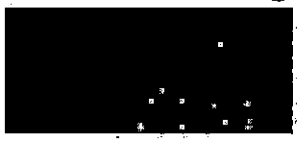
Hesser Business College ▪ Manchester, NH
Graduated in 1984

- Major in Travel Management
- Minor in Social Science, Psychology, Sociology, Human Development and Public Speaking

References and Certifications are available upon request

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Merrilee Turgeon



Work Experience

Home Visiting Nurse

The Family Resource Center - Gorham, NH
July 2022 to Present

- RN
- Certified Lactation Counselor
- In-home visiting/family support
- Prenatal and postnatal education
- Newborn-toddler developmental education
- Recording and tracking immunizations
- Collaboration with local OB providers and hospitals
- Triaging client's health concerns and referring to primary care as necessary

Clinic Nurse

Coos County Family Health Services - Berlin, NH
October 2020 to December 2021

- RN
- Clinic nurse for both family practice and assisted with prenatal program
- Active partner/preceptor for the CCMA Apprenticeship Program at CCFHS
- Training new employees
- One on one patient care
- Medication reconciliation
- Tracking and charting patients' preventative health care
- Assisting with minor surgery
- Patient education
- Triage nurse (January 2013 to October 2014)
- Assessing adult and pediatric acute illnesses
- HIPPA compliance

Registered Nurse (RN)

Androscoggin Valley Hospital - Berlin, NH
February 2020 to October 2020

- Surgical Services

June 2017-February 2020

- Medical/Surgical Unit
- One on one patient care
- Medication reconciliation
- Charting patients' health care
- Assisting with minor surgery

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- Patient education
- Assessing adult and pediatric illnesses
- IV management

Clinic Nurse
Coos County Family Health Services - Berlin, NH
January 2012 to June 2017

- See description for "Clinic Nurse" October 2020-December 2021

Registered Nurse (RN)
St. Vincent de Paul Rehabilitation/Nursing Facility - Berlin, NH
August 2011 to January 2012

· Skilled nursing
· Assess patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
· Work as part of a health care team to assess patient needs, plan and modify care and implement interventions.
· Supervise nurses' aides and assistants.

Customer Service Manager, Human Resources Manager
Shaw's Supermarkets - Gorham, NH
March 1999 to February 2009

· Directly manage approximately 40+ associates
· Recruiting and training
· Prepare and deliver performance evaluations to develop well informed, productive, efficient employees
· Resolve customer complaints regarding sales and service.
· Consult with department managers to plan advertising services and to secure information on equipment and customer specifications.
· Prepare and approve budget expenditures.

Education

Associate Degree in Nursing
White Mountains Community College - Berlin, NH
May 2012

Nursing Licenses

RN
Expires: December 2025

State: NH

Skills

- Detail oriented and organized

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- Ability to work well with a team as well as independently
- Skilled in Microsoft Office (Word, Outlook, Excel, PowerPoint)

Certifications and Licenses

RN License

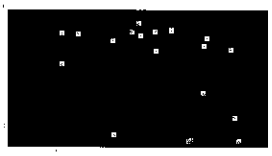
PALS Certification

LPN

ACLS Certification

Certified Lactation Counselor

Joanne Bevins



Authorized to work in the US for any employer

Add your headline or summary

Work Experience

Add a description of your job Edit Dismi...

Family Support Specialist

The Family Resource Center - Gorham, NH
March 2022 to Present

PVD Driver

UPS - Twin, WA
November 2021 to January 2022

Delivered packages for UPS on rural routes.

Case Manager

Northeast Family Services - Littleton, NH
May 2021 to November 2021

Treatment meetings, Transportation

Comp Assessments, Carelogic

Monthly reports, Computer / Word, Excel, PowerPoint.

Supervised Visits, Team meetings,

Skills Building training, Cans Assessments,

Co-Parenting training, Parenting Skills training,

Developed Work Schedule

Residential Aide

The Morrison Nursing Home/ Sartwell Place Assisted Living - Whitefield, NH
November 2020 to May 2021

Supervise medication administration
Document all medication observations and assists in the EMR
Reordering medication
Report any medication errors to the administrator and complete medication error report when necessary
Make entries in the resident's chart of any incidents or behavior changes
Provide for the overall safety and care of residents
Assist with treatments as ordered by the administrator and take vitals
Provide assistance with ADL's
Complete monthly summaries and evacuation logs for residents assigned

Primary Care Provider

Granite State Independent Living - Berlin, NH
April 2003 to February 2021

- Providing support services to individuals experiencing psychological and physical health issues such as Addiction, Brain damage, Dementia, Alzheimer's, and Schizophrenia as well as terminal illnesses, such as Multiple Sclerosis and Cerebral Palsy.
- Proficient working with mental health-related issues such as anger, aggression, depression, paranoia, delusions, self-harm, suicidal tendencies, and various forms of addiction.
- Aided clients with talking about and obtaining support for depression and anxiety.
- Training other Care Providers. Develop and maintain records of client progress and services, documenting and reporting any changes.
- Working with other health professionals to ensure consumer safety, dignity, and independence, (financially physically and socially, and psychologically.

Student Internship

The Mental Health Center - Northern Human Services - Berlin, NH
2020 to 2020

1. Internship: (Shadowing) Northern Human Services Mental Health Center in Berlin N.H.

- Case Management
- Functional Support Services
- Children's Services
- Residential Programs
- Customer Service (Client Employees)
- Partial Day Rehabilitation Program

Education

Working on Master of Arts in Marriage and Family Counseling

Liberty University - Virginia

May 2021 to Present

BACHELORS in PSYCHOLOGY

LIBERTY UNIVERSITY - Lynchburg, VA

May 2020

Associate in Social Science

NH VOCATIONAL TECHNICAL COLLEGE - Berlin, NH

Skills

Do you have any of these top skills employers are looking for?

- Child & Family Counseling
- Individual / Group Counseling
- Group Therapy
- Hospital Experience
- Nursing
- Mental Health Counseling
- Administrative Experience
- Help Desk

Dismiss

- Conflict Resolution
- Excellent communication Skills
- Extensive experience working with mental health disorders, their symptoms, and cognitive effects
- Knowledge of EMR Software
- Multitasking and teamwork
- Proficient in Microsoft Office: PowerPoint, Word, and Excel
- Experience with Crisis Intervention, Intake, and assessment
- Primary Care Experience

Alzheimer's Care

Dementia Care

Case Management

Social Work

Medication Administration

Vital Signs

Supervising experience

Documentation review

Hospice Care

Crisis Management

Intake Experience

Working with individuals with developmental disabilities - 10+ years

Advocacy - 10+ years

Home Care

Languages

Spanish - Beginner

English - Expert

Certifications / Licenses

Basic First Aid and Adult,child, Infant CPR

June 2020 to June 2022

Certificate in Basic First Aid-

- General Guidelines
- Occupational Safety and Health Organization (OSHA) guidelines
- Burns

- Fractures, Sprains, and Strains
- Breathing problems and Choking
- Bleeding, Cuts, and Scrapes
- Non-Bleeding Wounds
- Head, Neck, and Spine Injury

Certificate in Cardio-Pulmonary Resuscitation- Infant, Children, Adult- Chest compressions and Mouth to Mouth.

Opioid Crisis

June 2020 to Present

Opioid products and their effects
Effects, treatment, and recovery

Certificate in medication administration and management

November 2020 to Present

Certified in medication administration and management
reporting any discrepancies and documenting all relevant information in the EMAR

Assessments

Case management & social work - Highly Proficient

October 2021

View Full Score Report

Active listening - Highly Proficient

May 2021

View Full Score Report

Work Style: Reliability - Highly Proficient

August 2020

View Full Score Report

Case Management & Social Work - Highly Proficient

June 2019

View Full Score Report

Active Listening - Highly Proficient

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Kailee Guevin



Authorized to work in the US for any employer

Work Experience

Family Support Specialist / Family Resource Specialist

The Family Resource Center - Littleton, NH
April 2021 to Present

• The Family Support Specialist is responsible to provide routine home visiting, primarily occurring within the family's home; each home visit should last for at least one hour
• Develop a trusting relationship with families by providing strength based family-centered interventions that assist in enhancing the parent-child relationship, build upon parenting skills and improve the family support system.
• Assist families in establishing goals and a plan for accomplishing those goals.
• Complete routine screenings and provide referrals as needed to support family needs.
• Provide resources to participants on an ass needed basis.
• Coordinate and complete HFA intakes with a Family Resilience Opportunity for Growth Scale (FROG) on an as needed basis.
• Use evidence based curriculum and practices to assess effectiveness with the target population.
• Complete documentation and weekly notes for each family served; notes must be completed by end of week.
• Maintain client confidentiality
• Maintain an up-to-date calendar of appointments.
• Participate in any and all required trainings for ongoing professional development
• Attend staff meetings as scheduled.
• Attend weekly reflective supervision with supervisor.
• Adhere to Family Resource Center policies and procedures as set by the Board of Directors.

Private Caregiver

Bethlehem, NH
March 2023 to September 2023

Providing personal care, including showering, baths, shaving and oral hygiene as needed. Support with mobility. Preparation of daily meals and support with feeding and hydration.

Crisis Intervention Advocate

Coos County Family Health Services - Coos County, NH
January 2020 to April 2021

The Response Direct Services Advocate is responsible for providing direct services to survivors of sexual and domestic violence or stalking, outreach to potential victims and their families in the community and networking with area professionals including police, legal, judicial and social services.

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Provides direct client service including but not limited to: crisis intervention, court, medical and social advocacy, peer support, transportation, information and referrals to victims of domestic and sexual violence or stalking and their families.
Maintains client records according to policy.
Develops relationship with local resources for clients including police, legal, judicial and social service professionals.
I currently volunteer my hours for the Response Crisis Hotline.

Respite Care Provider

Kelly Bona (private) - Littleton, NH
March 2017 to April 2021

I provided day and weekend respite for a 59- year- old developmentally disabled women. This was provided in the space of my own home.
I provided one on one care with my client that includes a variety of things such as driving and running errands. A respite caregivers help with tasks like taking the patient to a doctor's appointment, picking up prescriptions or grocery shopping. In addition, I also assist with meal preparation and light housekeeping duties, when the family goes on vacations.
"Respite care is an essential part of the overall support that families may need to keep their family member with a disability at home. The word "respite" means to take a break from the daily challenges of caring for a child or a parent with special needs. It can be planned for a few hours or for as long as a weekend."

Residential Aide

The Morrison Nursing Home - Whitefield, NH
January 2018 to July 2020

• Assisting residents with daily personal routines, including bathing, dressing, grooming, eating, and using the bathroom.
• Providing companionship to residents and establishing a trusting relationship with them.
• Ensuring that residents are taking their prescribed medication.
• Reporting any concerns or medical issues.
• Ensuring that the residents' living quarters are safe and well-organized.
• Keeping records of resident activity, behavior, and moods.
• Performing any reasonable requests that residents ask for.
• Collaborating with management and coworkers to ensure residents receive the best quality of life possible.

Management Assistant/ Keyholder

Olympia Sports - Littleton, NH
March 2011 to August 2018

- Attracts potential customers by answering product and service questions; suggesting information about other products and services.
- Maintains customer records by updating account information.
- Resolves product or service problems by clarifying the customer's complaint; determining the cause of the problem; selecting and explaining the best solution to solve the problem; expediting correction or adjustment; following up to ensure resolution.
- Recommends potential products or services to management by collecting customer information and analyzing customer needs.

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- Contributes to team effort by accomplishing cleaning and product promotion as required.
- Clean and tidy the store for closing.
- Audit tills, prepare cash and deposit the required daily amounts.

Education

Associate in Human Services
White Mountains Community College
August 2020 to Present

Associate in Human Services
White Mountains Community College - Berlin, NH
August 2018 to June 2020

Medical Office Management in Medical office
White Mountains Community College - Littleton, NH
August 2011 to June 2015

Billing Certificate in Medical office
White Mountains Community College - Littleton, NH
August 2011 to June 2015

Skills

- Customer Service Skills (10+ years)
- Management (8 years)
- Receptionist (2 years)
- Critical thinking/problem solving (10+ years)
- Professional Services (10+ years)
- Microsoft Office (4 years)
- Caregiving (10+ years)
- Leadership Experience (3 years)
- ICD-10
- Medical Coding
- Medical Office Management
- Meal Preparation
- Social Work
- Retail management
- Customer service
- Crisis Intervention
- Care plans
- Senior care

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Certifications and Licenses

Medical Billing Certificate
Present

Assessments

Supervisory skills: Motivating & assessing employees — Proficient
October 2020

Motivating others to achieve objectives and identifying improvements or corrective actions
Full results: Proficient

Indeed Assessments provides skills tests that are not indicative of a license or certification, or continued development in any professional field.

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SHAYNA HENRY







OBJECTIVE

Creative Family Support Specialist providing education on child attachment, bonding and support t parents using my education in earl childhood development and GGK curriculum.

EXPERIENCE

FAMILY SUPPORT SPECIALIST
HEALTHY FAMILIES OF AMERICA PROGRAM
MAY2023- CURRENT
SUPPORTING PARENTING EDUCATION, BONDING AND CHILD DEVELOPMENT
BABY AND ME GROUP

LEAD TEACHER/ASSIST. DIRECTOR
JULY 2010- MARCH 2023
PARTICIPATE IN REGULAR STAFF MEETINGS AND WORKSHOPS/WEBINARS.

LICENSED EXEMPT CHILDCARE PROVIDER
AUGUST 2009 – JUNE 2010
PROVIDED CHILDCARE TO THREE CHILDREN IN THEIR OWN HOME. MAINTAINED A CLEAN, SAFE ENVIRONMENT. DEPENDABLE AND FLEXIBLE.

EDUCATION

ASSOCIATES DEGREE IN ECE
WHITE MOUNTAINS COMMUNITY COLLEGE
MAY 2018
COURSES:
CHILD GROWTH AND DEVELOPMENT
INFANT TODDLER CURRICULUM
FOUNDATIONS OF EARLY CHILDHOOD EDUCATION
UNDERSTANDING CHILDREN WITH SPECIAL NEEDS
UNDERSTANDING CHILDREN WITH AUTISM
HEALTH SAFETY AND NUTRITION
CURRICULUM AND ENVIRONMENTS
POSITIVE GUIDANCE TECHNIQUES
PRACTICUM I & II

REFERENCES AVAILABLE UPON REQUEST

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Gabriella Maguire (Godin)

[redacted]

Skills and Strengths

Interpersonal Proficiencies: Communication, time management, organizational skills, problem solving, cultural competence, emotional intelligence, conflict resolution and management, multitasking, active listening, basic motivational interviewing skills, crisis support, personable, growth mindset, eager to learn new skills and able to grasp new concepts quickly

Technical Proficiencies: Microsoft Excel, Microsoft Office, TheraNest, ETO, computer programs and troubleshooting, English/Writing

Education

2012 | KENNETT HIGH SCHOOL

- High School Diploma

Experience

2024

FAMILY SUPPORT SPECIALIST/FAMILY RESOURCE SPECIALIST (Healthy Families America)

- Supports caregivers in creating secure attachment during the prenatal and 0-3 stages
- Supports caregivers in resiliency
- Helps caregivers access resources in the community
- Provides modeling for parent-child interaction
- Uses reflective strategies and motivational interviewing
- Direct care service
- Completes FROG Scale visits with families
- Builds service plans for family support
- Provides diapers to families in need
- Creates activities to encourage parent-child interaction
- Co-hosts Baby and Me group
- Participates in annual Community Baby Showers
- Supports families in creating and achieving goals
- Uses DHHS managed database (ETO)

2023-2024

INTAKE COORDINATOR/FAMILY RESOURCE SPECIALIST

- Processed referrals for new clients
- Completed FROG Scale visits with families
- Managed client files and information through Theranest and Microsoft Excel
- Met with clients to perform intake in home and in office
- Documented all contacts with clients in Theranest in a timely manner
- Ensured initial care plans are signed by nurse and filed immediately into Theranest
- Scanned in all pertinent paperwork post intake
- Contacted Program manager via email/phone call and identify families immediate needs
- Submitted Resource navigation referrals when appropriate

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- Worked closely with Program Director to organize and deliver food boxes for families in need
- Attended meetings with various programs to ensure any client overlap is effective
- Direct care service and working with people in the community
- Extensive knowledge of programs within the Family Resource Center

2022

CONTACT SERVICE CENTER COORDINATOR – Appalachian Mountain Club

- Created and handled reservations for 23 facilities from NJ to ME
- Processed memberships and donations
- Processed online store purchases
- Front desk duties at the Joe Dodge Lodge
  -Check-in/check-out, breakfast/dinner count, radio call, hut report, etc.
- Assisted housekeeping at Joe Dodge Lodge
- Answered phone calls and provided information about facilities, booking, events, memberships and other AMC related information to guests and customers
- Handled cash and credit card information both in person and over the phone
- Managed AMC inboxes by responding to customer emails in a timely and professional manner

2021-2022

STORE MANAGER – New England Charms

- Maintained stock/backstock in store
- Ordered/Received inventory
- Executed Cash and Credit sales with customers
- Cleaned and kept store tidy
- Engaged with all customers
- Effectively communicated with suppliers via phone and email

Certifications

Conscious Discipline
Family Resilience and Opportunities for Growth (FROG) Scale
Healthy Families America Home Visitor
Safe Sleep
Child Development 0-5
Ethical Considerations
Reproductive Health
Prenatal Basics
Child Abuse and Neglect
Cultural Self Awareness
Cultural Competency
Development of Attachment
Family Engagement
Family Goals
Family Partnerships
Health and Mental Health
Mental Health First Aid
Home Visiting Safety
Standards of Quality for Family Strengthening and Support

References

References are available upon request.

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SHAHANNA LEBEL

PROFESSIONAL SUMMARY

Hardworking and passionate job seeker with strong organizational skills eager to secure entry-level Family Support Specialist position. Ready to help team achieve company goals. Extensive professional and personal experience in individual and family intervention and strength-based support. Utilizes strong interpersonal and computer skills. Builds client rapport and assesses the need to provide appropriate resources.

SKILLS

- Dynamic Communication Skills
- Communications Strategies
- Family and Patient Support
- Family Health
- Parenting Skills
- Assessment
- Community Resources
- Scheduling and Maintaining Appointments
- Computer Skills
- Confidential Case Documentation

WORK HISTORY

HEALTHY FAMILIES AMERICA - FAMILY SUPPORT SPECIALIST 05/2023 to Current
The Family Resource Center, Gorham, NH

- Work with families recently assessed by DCYF who were determined to be high or very high-risk of future DCYF involvement.
- Develop service plans with families which help build and maintain bridges to other parenting, economic, or behavior/mental health services.
- Utilize the Solution-Based Casework and Motivational Interviewing models with a focus on working in partnership with families, focusing on family progress and programmatic solutions to difficult family experiences, and celebrating family progress.
- Assess when ongoing case management support is no longer needed and develop plans with the families to transition out of services and into existing community-based support.

HOME SCHOOL INSTRUCTOR 08/2020 to 05/2023
Self-employed, Colebrook, NH

- Adapted teaching methods and lesson plans to changing student needs.
- Assisted students in retaining lecture information with creation of guides and course materials.
- Communicated student progress to parents and guardians for collaborative approach to educational goals.

EDUCATIONAL ASSISTANT 10/2017 to 06/2020

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Colebrook School District, Colebrook, NH

- Monitored students online learning, and alternative learning for credit recovery.
- Delivered personalized educational, behavioral, and emotional support to individual students to enable positive learning outcomes.
- Provided support to help students with special needs learn and grow.

CRISIS ADVOCATE 09/2012 to 01/2017
Response, Berlin, NH

- Documented risk to each client and context of concerns.
- Offered trauma intervention to individuals in crisis.
- Built safety plans to lower risk of crisis and intervened in specific manners outlined by procedures.
- Provided emergency response in crisis situations to diffuse tensions and prevent violence.

DOMESTIC VIOLENCE SPECIALIST 02/2014 to 10/2014
Response, Berlin, NH

- Provided crisis intervention services to clients in emergency situations.
- Assisted clients in developing and setting realistic goals to promote positive change.
- Participated in interdisciplinary team meetings to coordinate care for clients.
- Developed and maintained strong relationships with community resources for successful referrals.

EDUCATION

Granite State College, Concord, NH
Bachelor of Arts, Psychology, 03/2023
- 3.96 GPA

White Mountains Community College, Berlin, NH
Associate of Science, Human Services, 12/2016

Colebrook Academy, Colebrook, NH
High School Diploma, 06/2003

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Tikatia Morris

Program Manager

Tikatia Morris

[redacted]

Skills

client needs assessment; Microsoft Office Suite; file management; conflict resolution; case management; organized; effective public speaker; reliable; strategic thinker; event planning; team player; marketing and media relations; computer-savvy; logo design; website graphics; atypical problem solving; self-motivated; divergent thinking; critical observation, self-management; classical education tutoring methods; attention to detail; creativity; motivational interviewing; peer coaching; reflective supervision; solution-based casework

Experience

The Family Resource Center / Navigation Services Program Manager
April 2023 - Present

Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. In-depth knowledge of the scope of services for all programs offered at the FRC; Reduced process gaps by supporting the effective training of new hires on best practices and protocols through supporting and creating a train the trainer process. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs. Overseeing ongoing coaching in motivational interviewing, solution-based casework, and peer coaching within programs; developed a professional development workgroup to facilitate more in-house training and provide feedback and support to trainers;

The Family Resource Center / Training & Development Manager
January 2022 - April 2023

Created and maintained an effective and efficient learning management system to support the growing organization; Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. In-depth knowledge of the scope of services for all programs offered at the FRC; Created and offered additional materials to enhance training. Reduced process gaps by supporting the effective training of new hires on best practices and protocols through supporting and creating a train the trainer process. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new trainers by offering insight into successful procedures and implementation of program training. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs. Overseeing ongoing coaching in motivational interviewing, solution-based casework, and peer coaching within programs; developed a professional development workgroup to facilitate more in-house training and provide feedback and support to trainers;

The Family Resource Center / Administrative Support Specialist /Training & Family Support Coordinator
December 2019 - January 2022

Provide administrative support to all areas of the family support program; Tracked and submitted employee timesheets to accounting department for payroll processing. Managed electronic calendars using G-Suite and scheduled meetings, appointments and conference calls; assisted in overseeing organizational transfer from G-Suit to Office 365; Created and maintained computer- and paper-based filing and organization systems for staff training

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records, reports, and documents. Scheduled and planned meetings and conferences, including site-to-site video conferencing calls, which helped to streamline business operations. Executed special objectives and projects in response to the Program Director's requests. Created and offered additional materials to enhance training. Reduced process gaps by effectively training new hires on best practices and protocols. Documented participant attendance, engagement, and progress. Delivered instruction on a broad range of topics, integrating audio-visual presentations and training materials. Mentored and coached new employees by offering insight into successful task prioritization. Created training schedules to meet the hiring demands of all FRC programs. Created systems to facilitate in-house training and coaching; overseeing all registrations for training and professional development for all programs.

The Family Resource Center / Edward Fenn ASP Group Leader & Coach
August 2019 - June 2020, Gorham

Established a positive, safe, and stimulating learning environment for all students. Cultivated strong relationships with students by listening carefully and offering positive reinforcement. Utilized the Choose Love curriculum to encourage and support social-emotional learning with all enrolled students, weekly classroom observation for implementing pyramid model strategies in the classroom and with staff; provide monthly one-on-one coaching sessions with all ASP staff to encourage growth support in pyramid model and social-emotional instruction to students

The Family Resource Center / Family Support Specialist
November 2018 - December 2019, Gorham

Built solid and trusting rapport with children and families, fostering communication to meet case needs. Worked to improve and enhance client lives through effective and compassionate care. Documented data and completed accurate updates to case records. Collaborated with community program leaders and advocates to make resources accessible to those in need. Interviewed individuals and families to assess needs and provide informational resources. Referred clients to appropriate team members, community agencies and organizations to meet treatment needs. Photographed to produce high-quality images for both print and Internet distribution. Developed creative design for marketing packages, including print materials, brochures, banners, and signs. Used publisher and photoshop to develop product mockups and prototype designs.

NH Homeschooling Families / Private Tutor
September 2013 - January 2018, Throughout NH & VT

Tutored over 20 struggling, average and advanced students in elementary through high school Classical Education course materials in Mathematics, Grammar and Language Arts, History, Science, Latin, and Logic. Created special handouts, study guides and assessments to evaluate and boost student knowledge. Spearheaded group tutoring sessions to help students struggling in similar areas. Coached and mentored junior tutors on successful classical education teaching strategies and time management.

Self-Employed / Freelance Photographer and Graphic Design
April 2012 - September 2018, Throughout NH

Planned and prepared for all on-location shoots. Inspected proofs to ensure the quality of prints, adjusting and retouching as necessary. Applied digital styling techniques to enhance photos. Maintained consistent use of graphic imagery in materials and other marketing outreach. Edited existing PowerPoint slides to enhance the corporate message. Updated computer graphic files using graphics software programs. Generated computer graphics and page-layout software, graphic elements and photography. Provided high-quality results in a timely manner.

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Education

Plymouth State University / English Education
August 1999 - June 2000, Plymouth

Laconia High School/ High School Diploma
August 1998 - June 1999, Laconia

Certifications and Trainings

2019-02

Pyramid Model Infant/Toddler Modules 2 & 3

ASQ: Introduction to Watch Me Grow for Coos County Early Childhood Professionals

Pyramid Model Peer-to-Peer Practice-Based Coaching

Parents Interacting with Infants (PIWI)

Pyramid Model Preschool Modules 1, 2, & 3

CCAR Ethical Considerations for Recovery Coaches

Growing Great Kids: Prenatal to 36 Months Tier 1

Certified TIPITOS Observer (certification date 07.19.19)

Certified TPOTS Observer (certification date 07.16.19)

Be Strong Families Parent Cafe Training

Recovery Coach Academy

NH Child Care Licensing Orientation for Licensed and License-Exempt Providers

2020

Equity, Autonomy and Substance Use Disorder: Lifecourse Considerations for Pregnant and Parenting People

Strengthening Families Framework Overview & Community Cafe

Certificate in Grandfamilies Leadership

2021

Boundary Spanning Leadership

Performance Evaluation

SBC Initial Training Course (Solution-Based Casework)

Motivational Interviewing: The Basics

Intermediate Motivational Interviewing

Motivational Interviewing: Advancing the Practice

MITI Coding

2022

Enneagram Spectrum Training & Certificate Program

Great Kids REMAP

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Motivational Interviewing: MICA and Coaching

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[redacted] **LEAH J. WHITE** [redacted]

Education
University of New Hampshire
Bachelor of Arts: Psychology, December 2008
Bachelor of Arts: Justice Studies, December 2008

Work Experience
Quality Assurance Manager, October 2022-Present
Family Resource Center, Gorham, NH
Evaluate program procedures and processes to ensure program efficacy. Analyze data, create reports and communicate feedback. Document identified discrepancies and process improvement goals. Ensure programs develop and implement a comprehensive quality assurance plan for reviewing and documenting the quality of all aspects of site implementation (initial engagement, home-visiting, supervision and management etc.) and implement follow-up mechanisms to address identified areas of improvement. Coordinate quarterly program file reviews.
Family Support Specialist, September 2017-Present
Family Resource Center, Gorham, NH
Provide supervised visitation, support and education to parents in the process of reunifying with their child placed in foster care. Develop support plans to address family needs including parenting skills, child development, and service referrals. Accommodate family needs by utilizing a creative and flexible approach. Use active and reflective listening skills. Maintain confidentiality and appropriate documentation.
Respite Provider, October 2015-May 2018
Provide relief for home care provider.
Home Care Provider, May 2012-October 2015
Contracted with Northern Human Services, Berlin, NH
Welcomed an individual with disabilities to reside in personal residence. Provided supports in all aspects of daily living, including personal care and medication administration. Attended training specific to individual's medical needs to provide informed care catered to the specific needs of the individual. Completed a minimum of 10 hours of training per year. Advocated for individual's wants and needs with a focus on human rights. Transferred individual utilizing a barrier free Hoyer lift.
Maintained all medical documentation. Assisted individual in meeting goals and documented monthly progress notes.
Residential Program Manager, June 2011-May 2012
Easter Seals, Lancaster, NH
Managed operation of therapeutic residential placement for adolescent boys. Arranged daily schedules and activities for residents. Assured completion of all essential documentation. Provided weekly staff supervisions, monthly staff meetings and completed performance evaluations as necessary. Interviewed, hired and trained staff in accordance to the agency's mission and state regulations. Handled all petty cash. Focused on maintaining a positive and professional work environment to ensure all needs of individuals were met.
Residential Instructor, October 2010-June 2011

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Easter Seals, Lancaster, NH

Supervised and counseled residents in a living environment. Assisted residents with activities of daily living focused on treatment plans and completed all necessary documentation in accordance with state regulations.

Assistant Program Director, *March 2010-October 2010*

Bridgewell, Beverly, MA

Assisted in daily operation of a residential home for individuals with disabilities. Managed medical, clinical and financial needs of individuals. Conducted interviews. Trained and supervised staff by providing leadership with a focus on team building.

Direct Support Professional, *January 2009-March 2010*

Bridgewell, Haverhill, MA

Provided support and assisted individuals with activities of daily living in a residential home. Provided services to individuals according to DMR regulatory standards, administered medications according to MAP regulations and maintained core training certifications. Worked at DMH program for initial 7 months with adults afflicted with mental illness.

Respite/Relief Residential Youth Counselor, *October 2008-January 2009*

Odyssey House, Hampton, NH

Supervised and counseled residents in a living environment, participated in groups, planned and assisted residents with daily therapeutic activities, behavioral tracking and documentation.

Front-End Assistant Manager, June 2002-January 2009

Market Basket, Plaistow, NH

Assisted front-end manager with maintaining smooth operation of check-out area, handled money transactions, addressed customer complaints in a professional manner and supervised cashiers.

Internships

Sexual Assault Support Services, *Summer 2008*

165 hour internship. Completed 36 hours of crisis intervention training with SASS. Provided support to sexual assault survivors and their families at child advocacy centers for their interviews with police departments, crisis counseled survivors on crisis hotline and provided referrals to victims of sexual assault to community services.

New Outlook Teen Center, *Fall 2006*

20 hour internship. Served as role model for young teenagers and organized donations for annual Christmas party.

Certifications

-Certified Lactation Counselor

-Peer Recovery Support Worker-certified

-Growing Great Kids Curriculum tier 1(0-3) certified

-Trained in Motivational Interviewing-evidenced based counseling approach to health care

-Health Families of America-Evidenced based model certified Family Support Worker

-Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children trained

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Michelle Lucas

FAMILY SUPPORT SPECIALIST

OBJECTIVE

Working as a family support specialist in the Healthy Families America Program. Supporting Parenting Education and child attachment, bonding and child development.

EXPERIENCE

FAMILY SUPPORT SPECIALIST AND GROWING GREAT KIDS COACH* THE FAMILY

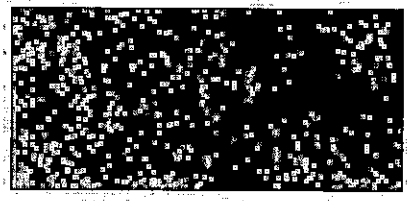
RESOURCE CENTER * 2018 – PRESENT

Responsible for going to clients houses or meeting them at our office, to help better their parenting skills, work on core living skills, unification with their children, and providing the resources for their unique needs. We also make our schedules to coincide with our clients. We as Support Specialist go to trainings, to better help the families, which rely on our services. We provide in-home support to at risk families. . We create support plans based on the family's needs (including but not limited to: budgeting assistance, child development, and referrals to outside services). The Family Support Specialist (FSS) is responsible for initiating and maintaining regular and long-term contact/support with families. This activity will occur primarily within the family's home; each visit should last for at least one hour. The interventions should be family-centered, strength-based, and directed at: establishing a trusting relationship; assisting in strengthening the parent-child relationship; assisting parents in improving their skills to optimize the home environment; improving the family support system; and increasing the family's ability to problem solve and assume the role of advocate for themselves and their children. Growing Great Kids is a curriculum used in the agency and I am able to work with staff members individually or in groups to support their needs in knowing the curriculum, implementing it, practicing it in a nonjudegemental space with appropriate feedback, along with shadowing opportunities to improve skills.

Manager * Olympia Sports * 2005 - 2018

Responsible for Schedules, delegating, training, end of the month paperwork, supply orders, inventory counts, opening/closing the

CONTACT



ABOUT ME

I am a highly motivated and result driven family support specialist seeking a challenging opportunity to leverage my skills and experience in home visiting and Growing Great Kids coaching

EDUCATION

High School Diploma
Graduated in 2002

White Mountains Community college
general education courses

SKILLS

Organizational skills
Time management skills
Motivated
Personable
Delegating skills

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store, handling money, hiring, interviewing, and having 10 -12 employees reporting to me at a time.

Barista and take out orders * Cheesecake factory * 2004 - 2005
Responsible for making coffee drinks, and desserts. Also, responsible for taking orders over the phone, handling money, knowing every aspect of the menu and all the speculations for all of the food in the restaurant. Making sure any modifications for special allergies were made to the food.

Scheduling
Hiring
Interviewing
Communication skills
Empathetic
Supportive
Great work ethic
USe of reflective and active listening skills
Provide Creativity and flexibility with planning for each family

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Gabrielle Flanders	Director of FS	59,241	42.86	24,881.22
Briana Shannon	HFA Program Manager	50960	75	38,220
Julie Kinerson	Supervisor/FRS	38675	73%	28,232.75
Ann-Marie Smith	Supervisor/FRS	42442.40	75%	31,831.80
Merrilee Turgeon	Nurse	59280	95%	56,316
Joanne Bevins	Family Support Specialist/FRS	36400	100%	36,400
Kailee Guevin	Community Collaboration Specialist/ FRS	38675	5%	1,933.75
Shayna Henry	Family Support Specialist	35126	100%	35,126
Gabriella Godin	Family Support Specialist/FRS	36800.40	100%	36800
Shahanna Lebel	Family Support Specialist	38675	100%	38675
Tikatia Morris	Navigation Services Program Manager	45500	5%	2,275
Leah White	QA Manager/FSS	45500	5%	2,275
Michelle Lucas	Family Support Specialist	38675	100%	38,675

ARC

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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
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March 12, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Sole Source** amendments to existing contracts with the Contractors listed below **in bold** to continue providing home visiting services, by increasing the total price limitation by $132,023 from $9,656,948 to $9,788,971 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% General Funds.

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Community Action Partnership of Stratford County Dover, NH	177200-B004	Rochester Catchment Area	$1,224,446	$0	$1,224,446	O: February 8, 2023, Item #39
Granite VNA, Inc. Concord, NH	**174069-R001**	**Conway Catchment Area**	**$1,055,241**	**$10,000**	**$1,065,241**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #26
The Family Resource Center at Gorham Gorham, NH	**162412-B001**	**Berlin and Littleton Catchment Areas**	**$1,805,113**	**$40,000**	**$1,845,113**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #27
Waypoint Manchester, NH	**177166-B002**	**Concord, Manchester, Seacoast& Southern Catchment Areas**	**$5,572,148**	**$82,023**	**$5,654,171**	O: February 8, 2023, Item #39
		Total:	**$9,656,948**	**$132,023**	**$9,788,971**	

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

See attached fiscal details.

EXPLANATION

This request is **Sole Source** to allow the Department to add funding to amend the scope of services for one (1) of the Contractors, The Family Resource Center at Gorham, to add a Family Engagement Specialist. In addition, the Department is adding funding to increase staffing allocations for the other two (2) Contractors for fiscal management and oversight activities.

The purpose of this request is to increase the number of families enrolled and retained in home visiting services in the North Country by The Family Resource Center at Gorham by supporting a Family Engagement Specialist position. The Family Engagement Specialist will engage new and existing referral partners and maintain community and family relationships. In addition, the funding will allow Granite VNA and Waypoint to support staffing for fiscal management to comply with added reporting requirements in the current contract year.

Approximately 357 families will be served during State Fiscal Years 2024 and 2025.

The Contractors provide voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age, by utilizing the Healthy Families America (HFA) evidence-based Home Visiting model and its Child Welfare protocols. This nationally recognized model demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. In addition, the HFA model has demonstrated a reduction in child maltreatment and family violence. HFA is currently being provided in every county in New Hampshire.

The Department will continue to monitor services through:

- Data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Quarterly data reviews of program performance across 19 federally defined performance measures.
- Quarterly review of data entered into model-specific tracking documents by the contractor to ensure fidelity to the requirements of the evidence-based model.
- Quarterly data reviews to ensure that at least seventy-five percent (75%) of expected home visits occur based upon the individual level of service to which each family is assigned.
- Annual sub-recipient monitoring site visits to ensure compliance with contract and model requirements, utilizing tools developed by the home visiting program and the Healthy Families America model.

Should the Governor and Council not authorize this request, The Family Resource Center at Gorham will be unable to increase the number of families enrolled and retained in home visiting services in the North Country. In addition, Granite VNA and Waypoint will not have the ability to improve fiscal management and oversight activities.

Respectfully submitted,

Lori A. Weaver
Commissioner

Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5893 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, HOME VISITING FORMULA GNT
96% Federal Funds 4% General Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00	$0.00	$192,620.00
2023	102-500731	Contracts for Program Services	90083208	$16,995.00	$0.00	$16,995.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00	$0.00	$317,640.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00	$0.00	$79,410.00
			SUBTOTAL:	$606,665.00	$0.00	$606,665.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00	$0.00	$692,250.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00	$0.00	$950,000.00
2024	102-500731	Contracts for Program Services	90005896	$0.00	$54,682.00	$54,682.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00	$0.00	$237,500.00
2025	102-500731	Contracts for Program Services	90005896	$0.00	$27,341.00	$27,341.00
			SUBTOTAL:	$1,879,750.00	$82,023.00	$1,961,773.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00	$0.00	$80,533.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$340,529.00	$0.00	$340,529.00
2024	102-500731	Contracts for Program Services	90005896	$0	$6,667.00	$6,667.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$85,311.00	$0.00	85,311.00
2025	102-500731	Contracts for Program Services	90005896	$0	$3,333.00	$3,333.00
			SUBTOTAL:	$506,373.00	$10,000.00	516,373.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00	$0.00	$269,729.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00	$0.00	$378,354.00
2024	102-500731	Contracts for Program Svcs	90005896	$0	$33,571.00	$33,571.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00	$0.00	$92,583.00
2025	102-500731	Contracts for Program Svcs	90005896	$0	$25,179.00	$25,179.00
			SUBTOTAL:	$740,666.00	$58,750.00	799,416.00
			Total:	$3,733,454.00	$150,773.00	$3,884,227.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS
100% Other Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00	$0.00	$108,000.00
			SUBTOTAL:	$108,000.00	$0.00	$108,000.00
			TOTAL:	$108,000.00	$0.00	$108,000.00

Fiscal Detail Sheet
Home Visiting Services
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05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, MATERNAL - CHILD HEALTH,
100% General Funds
Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	102-500731	Contracts for Program Svcs	90004019	$56,250.00	$0.00	$56,250.00
2024	102-500731	Contracts for Program Svcs	90004019	$75,000.00	$0.00	$75,000.00
2025	102-500731	Contracts for Program Svcs	90004019	$18,750.00	($18,750.00)	$0.00
			SUBTOTAL:	$150,000.00	($18,750.00)	$131,250.00
			TOTAL:	$150,000.00	($18,750.00)	$131,250.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF HEALTHCARE ACCESS, EQUITY & POLICY, COVID-19 HEALTH DISPARITIES
100% Federal Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00	$0.00	$105,000.00
2023	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00	$0.00	$157,500.00
			SUBTOTAL:	$262,500.00	$0.00	$ 262,500.00

Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Relief	90577150	$15,000.00	$0.00	$15,000
2023	074-500589	Grants for Pub Asst and Relief	90577150	$101,512.00	$0.00	101,512.00
2024	074-500589	Grants for Pub Asst and Relief	90577150	$85,000.00	$0.00	$85,000
2024	074-500589	Grants for Pub Asst and Relief	90577150	$100,000.00	$0.00	100,000.00
			SUBTOTAL:	$301,512.00	$0.00	301,512.00
			TOTAL:	$564,012.00	$0.00	$564,012.00

05-95-90-902010-2451-HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, ARP - MIEC HOME VISITING
100% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00	$0.00	$17,532.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00	$0.00	$54,231.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00	$0.00	$13,558.00
			SUBTOTAL:	$85,321.00	$0.00	$85,321.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00	$0.00	$114,064.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00	$0.00	$125,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00	$0.00	$142,350.00
			SUBTOTAL:	$381,414.00	$0.00	381,414.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$72,591.00	$0.00	$72,591.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$8504.00	$0.00	$8,504.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$2130.00	$0.00	$2,130.00
			SUBTOTAL:	$83,225.00	$0.00	$83,225.00

Family Resource Center at Gorham - Vendor #162412-B001

Fiscal Detail Sheet
Home Visiting Services
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State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00	$0.00	$68,714.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00	$0.00	$50,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00	$0.00	$56,532.00
			SUBTOTAL:	$175,246.00	$0.00	$175,246.00
			TOTAL:	$725,206.00	$0.00	$725,206.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00	$0.00	$199,673.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00	$0.00	$266,230.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00	$0.00	$66,557.00
			SUBTOTAL:	$532,460.00	$0.00	$532,460.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$125,960.00	$0	$125,960.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$271,746.00	$0	$271,746.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$67,937.00	$0	$67,937.00
			SUBTOTAL:	$465,643.00	$0	$465,643.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00	$0	$164,133.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00	$0	$218,845.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00	$0	$54,711.00
			SUBTOTAL:	$437,689.00	$0	$437,689.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00	$0.00	$1,102,682.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00	$0.00	$1,470,242.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00	$0.00	$367,560.00
			SUBTOTAL:	$2,940,484.00	$0.00	$2,940,484.00
			TOTAL:	$4,376,276.00	$0.00	$4,376,276.00
			GRAND TOTAL:	$9,658,948.00	$132,023.00	$9,788,971.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on June 14, 2023 (Item #27), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

   $1,845,113

2. Modify Exhibit B, Scope of Services, by adding Section 2.29., to read:

   2.29. **FRS** – Family Resource Specialist. As defined within the Healthy Families America (HFA) Best Practice Standards, a direct service staff member with responsibilities related to the engagement and enrollment of new families, which may include managing referrals, outreach to families referred, determining eligibility for services, offering HFA services, connecting families to additional resources in the community, and maintaining relationships with referral sources.

3. Modify Exhibit B, Scope of Services, Section 3.24., to read:

   3.24. **Reporting**

   3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2, and submit to DPHS no later than the 15th of each month that includes data for the prior month.

   3.24.2. The Contractor must submit quarterly reports in January, April, July, and October, to DPHS and DCYF:

   3.24.2.1. Form 1, which is attached as Attachment 3.

   3.24.2.2. Form 2, which is attached as Attachment 4.

   3.24.2.3. FRS Outreach and Engagement Activity Log, which is attached as Attachment 6 – Amendment #2.

   3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including, but not limited to, client-level demographic, performance, and service data to the Department in a format specified by the Department.

4. Modify Exhibit B, Scope of Services, by adding Section 3.31., to read:

   3.31. **Family Resource Specialist**

   3.31.1. The Contractor must maintain a designated Family Resource Specialist (FRS) position that focuses primarily on community and family engagement. The Contractor must ensure the FRS:

DS PS
Contractor Initials
Date 3/26/2024

3.31.1.1. Conducts routine outreach to new and existing community partners in the Berlin and Littleton regions to promote program awareness to increase the number of new referrals.

3.31.1.2. Conducts outreach to other communities across the State as requested by The Department.

3.31.1.3. Tracks outreach efforts and outcomes utilizing the FRS Outreach and Engagement Activity Log (Attachment 6 – Amendment #2).

3.31.1.4. Collaborates with the Department on quality improvement activities related to improving community outreach, engagement and enrollment as requested by the Department.

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

1. This Agreement is funded by:

1.1. 78% Federal funds from:

1.1.1. 19% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.

1.1.2. 33% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.

1.1.3. 5% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.

1.1.4. 7% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.

1.1.5. 21% New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.

1.1.6. 15% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.

1.2. 22% General funds.

5. Modify Exhibit C, Payment Terms, Section 7, to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items, as specified in Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-8 Budget Sheet, SFY 2024, and Exhibit C-10 Budget Sheet, SFY 2023 through Exhibit C-13, Budget (SFY 2024) – Amendment #1.

6. Modify Exhibit C-2 Budget Sheet, SFY 2024, by replacing it in its entirety with Exhibit C-2 Budget, SFY 2024 – Amendment #2, which is attached hereto and incorporated by reference herein.

7. Modify Exhibit C-3 Budget Sheet, SFY 2025, by replacing it in its entirety with Exhibit C-3 Budget, SFY 2025 – Amendment #2, which is attached hereto and incorporated by reference herein.

8. Modify Exhibit C-9 Budget Sheet, SFY 2025, by deleting it in its entirety.

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

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

State of New Hampshire
Department of Health and Human Services

3/26/2024
Date

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

The Family Resource Center at Gorham

3/26/2024
Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

3/26/2024
Date

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

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

FRS Outreach and Engagement Activity Log	
Name of FRS:	
Quarter:	
Percent of FTE dedicated to Community Outreach (0-100% - # of hrs divided by 40):	

Date:	Activity	Comments (Please describe the outreach activity, who you met with, the outcome, and any planned follow-up.)
EAXMPLES:		
12/1/2023	Meeting with professional (scheduled)	Attended quarterly in-person meeting with Berlin DCYF DO. Reviewed the status of existing referrals. Discussed 2 new referrals anticipated this week. Reviewed the process of how to make a referral. Next meeting will occur 3/1/24.
12/1/2023	Meeting with non-participant	Provided information to a walk-in client at the FRC about HFA and CFSS home visiting and local food banks. Provided diapers from FRC stock. Scheduled follow-up check-in via text on 12/15.

Exhibit C-2 Budget, SFY 2024 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	G&C Approval - 06/30/2024
Indirect Cost Rate (if applicable)	0.09
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$258,414
2. Fringe Benefits	$56,851
3. Consultants	$5,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$3,000
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$5,500
6. Travel	$12,635
7. Software	$150
8. (a) Other - Marketing/ Communications	$3,000
8. (b) Other - Education and Training	$4,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$14,000
Other (please specify)	$2,000
Other (please specify)	$400
Other (please specify)	$3,800
9. Subrecipient Contracts	$0
Total Direct Costs	$374,750
Total Indirect Costs	$37,175
TOTAL	$411,925

Contractor Initial: PS

Date: 3/26/2024

Exhibit C-3 Budget, SFY 2025 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - Home Visiting Formula Grant
Budget Period	07/01/2024 - 09/30/2024
Indirect Cost Rate (if applicable)	0.09

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$81,880
2. Fringe Benefits	$18,001
3. Consultants	$1,572
4. Equipment. Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$250
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$650
6. Travel	$2,000
7. Software	$0
8. (a) Other - Marketing/ Communications	$185
8. (b) Other - Education and Training	$100
8. (c) Other - Other (specify below)	$0
Other (please specify)	$1,500
Other (please specify)	$700
Other (please specify)	$0
Other (please specify)	$51
9. Subrecipient Contracts	$0
Total Direct Costs	$107,079
Total Indirect Costs	$10,683
TOTAL	$117,762

Contractor Initial: PS

Date: 3/26/2024

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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

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

May 30, 2023

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Sole Source** amendment to an existing contract, which was originally competitively bid, with The Family Resource Center at Gorham (VC#162412-B001), Gorham, NH, below to add funding to support home visiting and lead reduction programmatic activities, involving care, coordination, outreach, and education by increasing the total price limitation by $215,000 from $1,590,113 to $1,805,113 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% Federal Funds.

The original contracts were approved by Governor and Council on February 8, 2023, item #39.

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

See attached fiscal details sheet.

EXPLANATION

The request is **Sole Source** because the Department is amending the scope of services to include the Healthy Homes and Lead Poisoning Prevention Program (HHLPPP), as well as adding funding to support programmatic activities involving care coordination, outreach, and education. The Contractor is uniquely qualified to provide services, as they have established lead prevention services within the North Country region.

The purpose of this request is for the Contractor to conduct outreach and education initiatives in the North Country, with focus on prenatal testing, education to school nurses and special education directors, and completing lead risk assessment of targeted pre-1978 childcare facilities via the Healthy Homes and Lead Poisoning Prevention Program. The Contractor will provide education specifically on young children and pregnant women residing in housing built before 1978. Additional funding will support the ongoing programmatic activities involving care coordination and programmatic outreach conducted by Family Support Specialists to connect families with need services in the community, including home visiting and family resource center programming.

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The Contractor will collaborate with medical providers, families of young children and other stakeholders, initiating outreach and education to address the high risk of lead poisoning across the North Country.

Approximately 148 individuals will be served by The Family resource Center at Gorham during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will continue to monitor services by reviewing all educational material and reports.

Should the Governor and Executive Council not authorize this request, individuals in the North Country will not have access to education and a lead risk assessment, which may increase the likelihood of Lead Poisoning occurrences in children under 6 years of age.

Source of Federal Funds: Assistance Listing Number # 93.391, FAIN# NH75OT000031.

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

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FISCAL DETAILS
HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
AMENDMENT #1

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5895 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT
100% FEDERAL - CFDA# 93.870, FAIN# X10435595, X1046878

The Family Resource Center at Gorham - Vendor [illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00	$0.00	$269,729.00
2024 (7/1/23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00	$0.00	$378,354.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00	$0.00	$92,583.00
			SUBTOTAL	$740,666.00	$0.00	$740,666.00

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV
62.50% GENERAL FUNDS, 37.50% FEDERAL FUNDS - HRSA 93.991, FAIN# B04MC46230

Family Resource Center at Gorham - Vendor [illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	102-500731	Contracts for Program Svcs	90004009	$56,250.00	$0.00	$56,250.00
2024 (7/1/23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$75,000.00	$0.00	$75,000.00
2025 (7/1/24-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$18,750.00	$0.00	$18,750.00
			SUBTOTAL	$150,000.00	$0.00	$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES
100% FEDERAL FUNDS - CFDA# 93.391, FAIN# NH75OT000031

Family Resource Center at Gorham - Vendor [illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$0.00	$15,000.00	$15,000
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$86,512.00	$15,000.00	101,512.00
2024 (7/1/23-6/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	$0.00	$85,000.00	$85,000
2024 (7/1/23-6/31/24)	074-500589	Grants for Pub Asst and Relief	90577150	$0.00	$100,000.00	100,000.00
			SUBTOTAL	$86,512.00	$215,000.00	$301,512.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING
100% FEDERAL FUNDS - CFDA# 93.870, FAIN# X1141935, X1145263

Family Resource Center at Gorham - Vendor [illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023 (10/1/22-6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00	$0.00	$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00	$0.00	$50,000.00
2025 (7/1/24-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00	$0.00	$56,532.00
			SUBTOTAL	$176,246.00	$0.00	$176,246.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD - FAMILY SERVICES
50% FEDERAL FUNDS - CFDA# 93.658, FAIN# 2201NHFOST

The Family Resource Center at Gorham - Vendor [illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount

FISCAL DETAILS
HOME VISITING SERVICES - THE FAMILY RESOURCE CENTER AT GORHAM
AMENDMENT #1

2023 (10/1/22-6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00	$0.00	$164,133.00
2024 (7/1/23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,645.00	$0.00	$218,645.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00	$0.00	$54,711.00
			SUBTOTAL:	$437,689.00	$0.00	$437,689.00
COMBINED HOME VISITING SERVICES CONTRACT TOTAL:				$1,590,113.00	$215,000.00	$1,805,113.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Family Resource Center at Gorham ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item # 39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 17, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to increase the price limitation, and modify the scope of services to support continued delivery of these services; and

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

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

   $1,805,113

2. Modify Exhibit B, Scope of Services, by adding Subsection 3.30., to read:

   3.30. **Coos County Lead Program**

   3.30.1. Outreach and Education

   3.30.1.1. The Contractor must provide outreach and education to school nurses and Directors of Special Education in School Administrative Units across Coos County on the importance of lead testing, awareness of lead hazards in pre-1978 housing, and the impact of lead poisoning on children 72 months and younger.

   3.30.1.2. The Contractor must educate families of young children on lead hazards associated with living in a pre-1978 home. This education will include topics such as finding a lead safe contractor and the dangers of lead poisoning to young children and pregnant women. As part of this education, the Contractor shall distribute items that include lead check swabs, boot trays, and window guards.

   3.30.2. Policy Development

   3.30.2.1. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must educate School Administrators, School Boards, and Special Education Directors, on the benefits of developing policies to increase lead testing in young children.

   3.30.2.2. The Contractor, in collaboration with the support from the Healthy Homes and Lead Poisoning Prevention Program, must shall educate municipalities on the benefits of increasing the number of contractors in their community using lead safe work practices on pre-1978 properties.

3.30.3. Increasing Lead Testing Rates on Young Children and Pregnant Women

3.30.3.1. The Contractor shall obtain a Lead Care II Point of Care Testing Device to test young children, 72 months and younger and pregnant women for blood lead elevations

3.30.3.2. The Contractor shall educate healthcare providers, school nurses, parents and pregnant women on where lead paint hazards exist in pre-1978 properties, the importance of using lead-safe work practices, and blood lead testing.

3.30.4. Identify Lead Hazards in Childcare Facilities

3.30.4.1. The Contractor shall enter into an agreement with a licensed Risk Assessor work with up to four Childcare Facilities to identify lead hazards and the potential risk to young children, 72 months and younger.

3.30.4.2. The Risk Assessor will educate Childcare Facility staff members on lead hazard awareness and the importance of testing young children, 72 months and younger, for blood lead elevations.

3. Modify Exhibit B, Scope of Services, by adding Section 4., to read:

4. Exhibits Incorporated

4.1 The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2 The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3 The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

4. Modify Exhibit C, Payment Terms, Section 1., by replacing with the below:

1. This Agreement is funded by:

1.1. 83% Federal Funds from:

1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MG43595.

1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.

1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30,2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.

1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAINX11MC45263.

1.1.5. Administration of Children Youth & Families (ACF), as awarded on October 1. 2022, CFDA 93.658, FAIN 2201NHFOST.

1.1.6. Maternal and Child Health Services Block Grant, as awarded on October 19, 2021, by the DHHS Health Resources and Services Administration CFDA 93.994, FAIN B04MC45230.

1.1.7. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.

1.2. 17% General Funds.

5. Modify Exhibit C, Payment Terms, Section 7., by replacing with the below:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1 Budget Sheet, SFY 2023 through Exhibit C-13, Budget (SFY 2024) – Amendment # 1.

6. Modify Exhibit C, Payment Terms, Subsection 9.2., by replacing with the below:

9.2. Payment shall be made on a monthly basis and follow a process determined by the Department, as indicated in Section 10.1., below.

7. Modify Exhibit C, Payment Terms, Subsection 10.1., by replacing with the below:

10.1. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-11 Budget Sheet, and SFY 2023; Exhibit C-12 Budget Sheet. The Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$74,965
2024	$109,862
2025	$0*
Sub-Total	**$184,827**
***The Contractor will only bill for direct services in SFY 25.**	

8. Modify Exhibit C-10 Budget, SFY 2023, by replacing in its entirety with Exhibit C-10, Budget (SFY 2023) – Amendment # 1, which is attached hereto and incorporated by reference herein.

9. Add Exhibit C-13, Budget (SFY 2024) – Amendment # 1, which is attached hereto and incorporated by reference herein.

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

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

State of New Hampshire

Department of Health and Human Services

5/30/2023

Date

DocuSigned by:
Patricia M. Tilley

Name: Patricia M. Tilley

Title: Director

The Family Resource Center at Gorham

5/30/2023

Date

DocuSigned by:
Patricia Stolte

Name: Patricia Stolte

Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

5/30/2023
Date

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

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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Exhibit C-10, Budget (SFY 2023) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	*SFY 2023* (07/01/2022 - 06/30/2023)
Indirect Cost Rate (if applicable)	10%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$69,753
2. Fringe Benefits	$9,000
3. Consultants	$3,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$2,200
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$5,000
5.(e) Supplies Office	$3,700
6. Travel	$3,000
7. Software	$400
8. (a) Other - Marketing/ Communications	$1,000
8. (b) Other - Education and Training	$4,000
8. (c) Other - Other (specify below)	$4,000
Other (please specify)	$112
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$105,665
Total Indirect Costs	$10,847
TOTAL	**$116,512**

Contractor Initial: PS

Date: 5/30/2023

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Exhibit C-13, Budget (SFY 2024) - Amendment # 1

New Hampshire Department of Health and Human Services	
Contractor Name:	The Family Resource Center at Gorham
Budget Request for:	Home Visiting Services - PH COVID-19 Health Disparities
Budget Period	*SFY 2024* (07/01/2023 - 06/30/2024)
Indirect Cost Rate (if applicable)	10%

Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$124,748
2. Fringe Benefits	$18,000
3. Consultants	$4,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$2,200
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$2,000
5.(e). Supplies Office	$3,700
6. Travel	$3,000
7. Software	$552
8. (a) Other - Marketing/ Communications	$1,000
8. (b) Other - Education and Training	$4,000
8. (c) Other - Other (specify below)	$4,000
Other (please specify)	$1,000
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$168,200
Total Indirect Costs	$16,800
TOTAL	**$185,000**

Contractor Initial: PS
DS

Date: 5/30/2023

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ARC
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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

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

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into Retroactive contracts with the contractors listed below in an amount not to exceed $8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds. 25.11% General Funds. 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	$461,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	$5,572,148
		Total:	$8,847,771

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

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

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

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See attached fiscal details.

EXPLANATION

This request is Retroactive to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence. Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

[1] HFA Evidence of Effectiveness 2022 Website.pdf (healthyfamiliesamerica.org)

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- Referrals
  - Share of families who are referred to Healthy Families America form Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
  - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
  - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
  - Average time to enrollment from the time and date of referral.
  - Number of days from referral date to the first home visit.
  - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
  - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
  - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
  - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
  - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
  - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
  - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
  - Share of children who enter any form of out-of-home placement within 12 months of discharge.
  - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

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FISCAL DETAIL SHEET
SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00
			SUBTOTAL:	$606,665.00

Waypoint - Vendor #177165-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00
			SUBTOTAL:	$1,879,750.00

[illegible] - Vendor #[illegible]

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$27,540.00
			SUBTOTAL:	$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00
			SUBTOTAL:	$740,666.00
			Total of AU 5896	$3,444,600.00

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05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00
			SUBTOTAL:	$108,000.00
			TOTAL OF AU 3382	$108,000.00

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	$18,750.00
			SUBTOTAL:	$150,000.00
			TOTAL OF AU 5190	$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH75OT000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00
			SUBTOTAL:	$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$86,512.00
			SUBTOTAL:	$86,512.00
			TOTAL OF AU 5771	$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00
			SUBTOTAL:	$85,321.00

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Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083205	$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel.	90083207	$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	$142,350.00
			SUBTOTAL:	$381,414.00

Seacoast VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	$0.00
			SUBTOTAL:	$11,452.00

Family Resource Center at Gorham - Vendor #182412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Assi and Rel	90083206	$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Assi and Rel	90083207	$58,532.00
			SUBTOTAL:	$175,246.00
			TOTAL OF AU 2451	$653,439.00

DPHS SUBTOTAL: $4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00
			SUBTOTAL:	$532,460.00

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Granite VNA - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$29,012.00
			SUBTOTAL:	$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00
			SUBTOTAL:	$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00
			SUBTOTAL:	$2,940,484.00
			Total of AU 2958	$4,142,726.00

DCYF SUBTOTAL:	**$4,142,726.00**
COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	**$8,847,771.00**

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

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		$1,004,920	$464,196	$1,750,764	$3,840,868

Reviewer Name	Title
1 Gaylean Smith	Administrator III, Finance
2 Lisa Cacciola (Lampron)	Administrator II, DPHS Finance
3 Kristi Hart	Program Specialist IV, DPHS
4 Ashley Jones	Program Specialist IV, DCYF
5 Kelly McCormac	Assessment Supervisor IV, DCYF
6 Aurelia Moran	Supervisor V, DPHS

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

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-03

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name The Family Resource Center at Gorham		1.4 Contractor Address 123 Main Street Gorham, NH 03851	
1.5 Contractor Phone Number 603-466-5190	1.6 Account Number 05-095-090-902010-5896 05-095-090-902010-5190 05-095-090-902010-2451 05-095-042-421010-2958 05-095-090-901010-5771	1.7 Completion Date 9/30/2024	1.8 Price Limitation $1,590,113.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Docu Signed by: Patricia Stolte Date: 1/5/2023		1.12 Name and Title of Contractor Signatory Patricia Stolte Executive Director	
1.13 State Agency Signature Docu Signed by: Patricia M. Tilley Date: 1/6/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By:		Director, On:	
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: Docu Signed by: Robyn Guarino		On: 1/6/2023	
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number:		G&C Meeting Date:	

Contractor Initials PS
Date 1/5/2023

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 PS
Date 1/5/2023

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

Contractor Initials PS

Date 1/5/2023

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

Contractor Initials PS
Date 1/5/2023

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EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1, Effective Date/Completion of Services, is amended as follows:

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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

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

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

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EXHIBIT B

Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
  - Housing.
  - Food.
  - Various forms of treatment.
  - School readiness.
  - Childcare.
  - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

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EXHIBIT B

2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.

2.2. **CPS** – Child Protective Services.

2.3. **CQI** – Continuous Quality Improvement.

2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.

2.5. **CWP** – Child Welfare Protocols.

2.6. **DCYF** – Division for Children, Youth and Families.

2.7. **DHHS** – Department of Health and Human Services.

2.8. **DPHS** – Division of Public Health Services.

2.9. **DO** – District Office.

2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.

2.11. **FFPSA** – Family First Prevention Services Act.

2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.

2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.

2.14. **HFA** – Healthy Families America.

2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.

2.16. **HFA BPS** – Healthy Families America Best Practice Standards.

2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.

2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.

2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.

2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.

2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.

2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.

2.25. **PII** – Personally Identifiable Information.

2.26. **QA** – Quality Assurance.

2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.[1]

2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

[1] Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Heather Services) must fall within one (1) or more of the federally defined priority populations below:

3.2.1. Are first-time parents.

3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.

3.2.3. Are less than twenty-one (21) years of age.

3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.

3.2.5. Have a history of substance misuse or need substance use disorder treatment.

3.2.6. Are users of tobacco products in the home.

3.2.7. Have or have had a child(ren) with low student achievement.

3.2.8. Have a child(ren) with developmental delays or disabilities.

3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Berlin and Littleton DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than four (4) DCYF families during the first six (6) months of the contract period and no less than eight (8) families thereafter through the end of the contract period.

3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Berlin - 25, Littleton - 20.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

3.5.1. Pregnant or parenting youth in foster care.

3.5.2. Families with an infant born exposed to substances.

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3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.

3.5.4. Families with an open DCYF case who have recently reunified.

3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:

3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.

3.6.2. Strengthening parent-child relationships.

3.6.3. Promoting healthy childhood growth.

3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.

3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:

3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:

3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.

3.7.1.2. Have HFA CWP available in the Berlin and Littleton DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.

3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.

3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of the denial.

3.7.2. Select and implement an evidence-based curriculum to support

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prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:

3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or

3.7.2.2. Growing Great Kids (GGK) with certification of training.

3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.

3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.

3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.

3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.

3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.

3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.

3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.

3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.

3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.

3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

3.14.1. Health care providers.

3.14.2. Social workers.

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3.14.3. Social services.

3.14.4. Early interventionists.

3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:

3.15.1. Promote equity in all facets of operations with families, staff, and community.

3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.

3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.

3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.

3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.

3.17. The Contractor must ensure that they:

3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.

3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.

3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.

3.19. Compliance Standards

3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple

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sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF- referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis.

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Training must comply with all HFA model specifications and requirements, including but not limited to:

3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).

3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.

3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.

3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:

3.20.4.1: Substance use.

3.20.4.2. Childhood Maltreatment (Abuse/Neglect).

3.20.4.3. Parenting techniques.

3.20.4.4. Cultural competence/humility.

3.20.4.5. Childhood and generational trauma (Trauma-Informed).

3.20.4.6. Engagement strategies.

3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per 1 FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.

3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.

3.22. Discharge from HFA services:

3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.

3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family for a

minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

3.25.1.3.2.5. Threatening or reckless conduct;

3.25.1.3.2.6. Theft;

3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or

3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

3.25.2.1. The individual's name is not on the BEAS state registry;

3.25.2.2. The individual's name is not on the DCYF central registry;

3.25.2.3. The individual does not have a record of a felony conviction; or

3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.

3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to asses, at minimum, the following:

3.26.3.1. How PII is gathered and stored;

3.26.3.2. Who will have access to PII;

3.26.3.3. How PII will be used in the system;

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3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the Inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

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3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed; unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health

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information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

5.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all

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original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

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6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Attachment 1:
DCYF Catchment Area Locations

Berlin
(650 Main Street Suite 200, Berlin NH 03570)

Serving the cities, towns, and locations of:

- Atkinson and Gilmanton Academy Grant
- Bean's Grant
- Bean's Purchase
- Berlin
- Bretton Woods
- Cambridge
- Carroll
- Cascade
- Chandlers Purchase
- Clarksville
- Colebrook
- Columbia
- Coos Junction
- Crawford's Purchase
- Crystal
- Cutt's Grant
- Dalton
- Dix's Grant
- Dixville
- Dummer
- Errol
- Ervings Location
- Fabyan Gorham
- Grange Greens Grant
- Groveton
- Hadley's Purchase
- Jefferson
- Kilkenny
- Lancaster
- Low and Burbank's Grant
- Maplewood
- Martin's Location
- Milan
- Millsfield
- North Stratford
- Northumberland
- Odell
- Percy
- Pinkham's Grant
- Pittsburg
- Randolph
- Riverton
- Sargent's Purchase
- Second College Grant
- Shelburne
- South Lancaster
- Stark
- Stewartstown
- Stratford
- Stratford Hollow
- Success
- Thompson & Meserve's Purchase
- Twin Mountain
- Wentworth's Location
- West Milan
- West Stewartstown
- Whitefield

Littleton
(80 North Littleton Road, Littleton, NH 03561)

Serving the cities, towns, and locations of:

- Apthorp
- Bath
- Benton
- Bethlehem
- Bethlehem Junction
- Center Haverhill
- East Haverhill
- Easton
- Franconia
- Glencliff
- Haverhill
- Landaff
- Lincoln
- Lisbon
- Littleton
- Livermore
- Lyman
- Monroe
- North Haverhill
- North Woodstock
- Pierce Bridge
- Piermont
- Pike
- Sugar Hill
- Warren
- Woodstock
- Woodsville

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Attachment 1:
DCYF Catchment Area Locations

Conway
(71 Hobbs Street, Conway NH 03818)

Serving the cities, towns, and locations of:

- Albany
- Bartlett
- Brookfield
- Center Conway
- Center Effingham
- Center Ossipee
- Center Sandwich
- Center Tuftonboro
- Chatham
- Chocorua
- Conway
- East Conway
- East Wakefield
- Eaton
- Effingham
- Freedom
- Glen
- Granite
- Hale's Location
- Hart's Location
- Intervale
- Jackson
- Kearsarge
- Madison
- Melvin Village
- Mirror Lake
- Moultonborough
- Moultonville
- North Conway
- North Sandwich
- Ossipee
- Redstone
- Sanbornville
- Sandwich
- Silver Lake
- Snowville
- South Chatham
- South Effingham
- South Tamworth
- Tamworth
- Tuftonboro
- Union
- Wakefield
- West Ossipee
- Wolfeboro
- Wolfeboro Falls
- Wonalancet

Claremont
(17 Water Street, Suite 301, Claremont NH 03743)

Serving the cities, towns, and locations of:

- Acworth
- Beauregard Village
- Burkehaven
- Canaan
- Charlestown
- Claremont
- Cornish
- Cornish Flat
- Croydon
- East Lempster
- Enfield
- Enfield Center
- Etna
- Georges Mills
- Goshen
- Grafton
- Grantham
- Guild
- Hanover
- Langdon
- Lebanon
- Lempster
- Lyme
- Lyme Center
- Meriden
- Mount Sunapee
- Newport
- Orange
- Orford
- Plainfield
- South Acworth
- South Charlestown
- Springfield
- Sunapee
- Unity
- Washington
- West Canaan
- West Lebanon
- West Springfield
- West Unity

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Attachment 1:
DCYF Catchment Area Locations

Keene
(111 Key Road, Keene NH 03431):

Serving the cities, towns, and locations of:

- Alstead
- Antrim
- Ashuelot
- Bennington
- Chesterfield
- Deering
- Drewsville
- Dublin
- East Sullivan
- East Swanzey
- East Westmoreland
- Fitzwilliam
- Gilsum
- Greenfield
- Greenville
- Hancock
- Harrisville
- Hillsborough
- Hillsborough Upper Village
- Hinsdale
- Jaffrey
- Keene
- Marlborough
- Marlow
- Munsonville
- Nelson
- New Ipswich
- North Swanzey
- North Walpole
- Peterborough
- Richmond
- Rindge
- Roxbury
- Sharon
- Spofford
- Stoddard
- Sullivan
- Surry
- Swanzey
- Temple
- Troy
- Walpole
- West Chesterfield
- West Deering
- West Peterborough
- West Swanzey
- Westmoreland
- Westport
- Winchester
- Windsor

Laconia
(65 Beacon Street West, Laconia NH 03246)

Serving the cities, towns, and locations of:

- Alexandria
- Alton
- Alton Bay
- Ashland
- Barnstead
- Bear Island
- Belmont
- Bridgewater
- Bristol
- Campton
- Center Barnstead
- Center Harbor
- Dorchester
- East Holderness
- Ellsworth
- Gilford
- Gilmanton
- Gilmanton Corners
- Gilmanton Iron Works
- Glendale
- Governor Isle
- Groton
- Hebron
- Holderness
- Laconia
- Lakeport
- Lochmere
- Lower Gilmanton
- Meredith
- Meredith Center
- New Hampton
- North Sanbornton
- Plymouth
- Quincy
- Rumney
- Sanbornton
- Thornton
- Tilton
- Waterville Valley
- Weirs
- Wentworth
- West Alton
- West Rumney
- Winnisquam

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Attachment 1:
DCYF Catchment Area Locations

Concord
(40 Terrill Park Drive, Concord NH 03301)

Serving the cities, towns, and locations of:

- Allenstown
- Andover
- Bladgett Landing
- Boscawen
- Bow
- Bradford
- Canterbury
- Chichester
- Concord
- Contoocook
- Danbury
- Davisville
- Dunbarton
- East Andover
- East Concord
- East Sutton
- Elkins
- Epsom
- Francestown
- Franklin
- Gerrish
- Goffstown
- Gossville
- Henniker
- Hill
- Hooksett
- Hopkinton
- Loudon
- New Boston
- New London
- Newbury
- North Sutton
- North Wilmot
- Northfield
- Pembroke
- Penacook
- Pinardville
- Pittsfield
- Potter Place
- Salisbury
- Short Falls
- South Danbury
- South Sutton
- Suncook
- Sutton
- Warner
- Weare
- Webster
- Webster Lake
- West Franklin
- Wilmot
- Wilmot Flat

Manchester
(1050 Perimeter, Suite 501, Manchester, NH 03103)

Serving the city of:
Manchester

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Attachment 1:
DCYF Catchment Area Locations

Rochester *(150 Wakefield Street Suite 22, Rochester NH 03867)*	
Serving the cities, towns, and locations of:	
▫ Barrington	▪ Madbury
▫ Center Strafford	▪ Middleton
▪ Dover	▪ Milton
▪ Durham	▪ Milton Mills
▫ East Rochester	▪ New Durham
▫ Farmington	▪ Rochester
▪ Gonic	▪ Rollinsford
▪ Lee	▪ Strafford

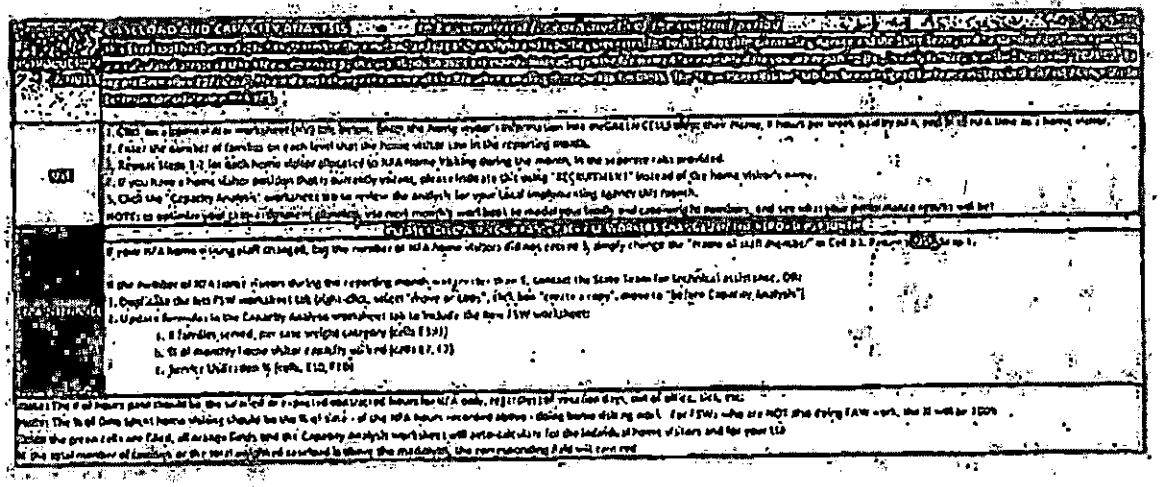
Seacoast *(19 Rye St. Portsmouth, NH 03801)*		
Serving the cities, towns, and locations of:		
▪ Auburn	▫ Hampton Beach	▪ Northwood
▪ Brentwood	▫ Hampton Falls	▫ Nottingham
▪ Candia	▪ Kensington	▪ Portsmouth
▪ Danville	▪ Kingston	▪ Raymond
▪ Deerfield	▪ New Castle	▪ Rye
▪ East Kingston	▪ Newfields	▫ Rye Beach
▪ Epping	▪ Newington	▪ Seabrook
▪ Exeter	▫ Newmarket	▪ Somersworth
▪ Fremont	▪ Newton	▪ South Hampton
▪ Greenland	▪ Newton Junction	▪ Stratham
▪ Hampton	▪ North Hampton	▫ West Nottingham

Southern *(26 Whipple St. Nashua, NH 03060)*		
<u>District Office</u> **serving the cities, towns, and locations of:**		<u>Southern Telework</u> **serving the cities, towns, and locations of:**
▫ Amherst	▪ Milford	▪ Atkinson
▪ Bedford	▪ Mont Vernon	▪ Chester
▪ Brookline	▪ Nashua	▪ Derry
▪ Hollis	▪ North Salem	▪ East Derry
▪ Hudson	▪ Pelham	▪ East Hampstead
▪ Litchfield	▪ Reeds Ferry	▪ Hampstead
▫ Lyndeborough	▪ Salem	▫ Londonderry
▫ Mason	▪ Wilton	▪ Plaistow
▪ Merrimack	▪ Windham	▪ Sandown

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Attachment 2 - Capacity Analysis Report

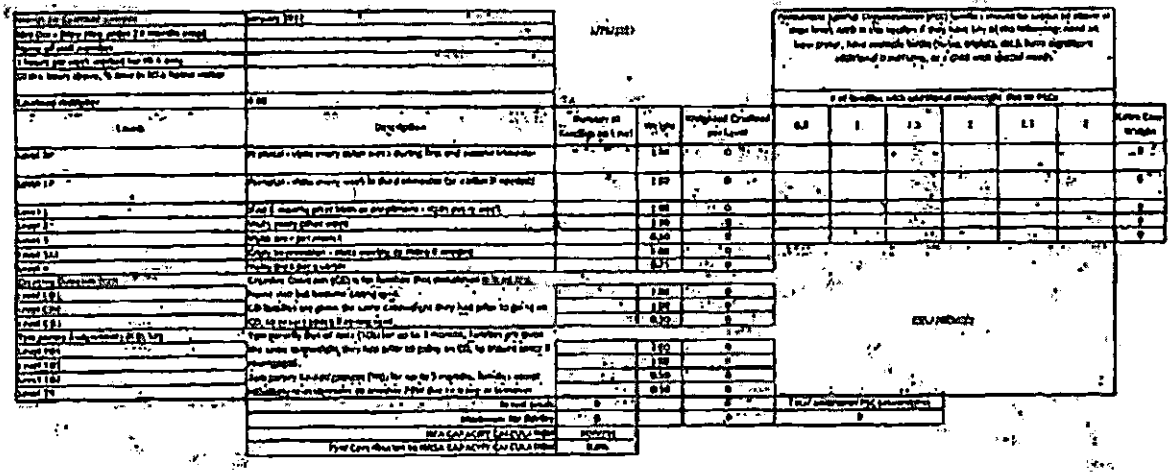


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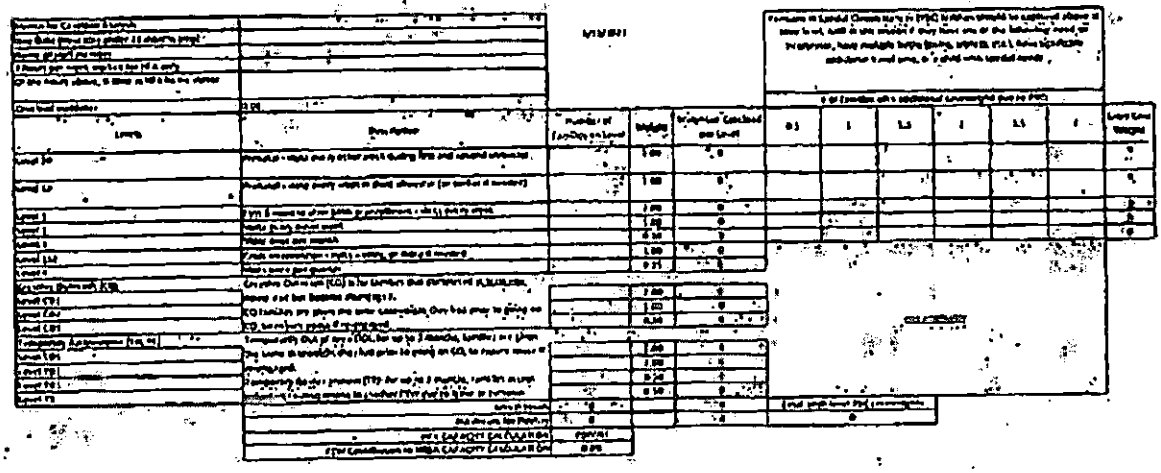
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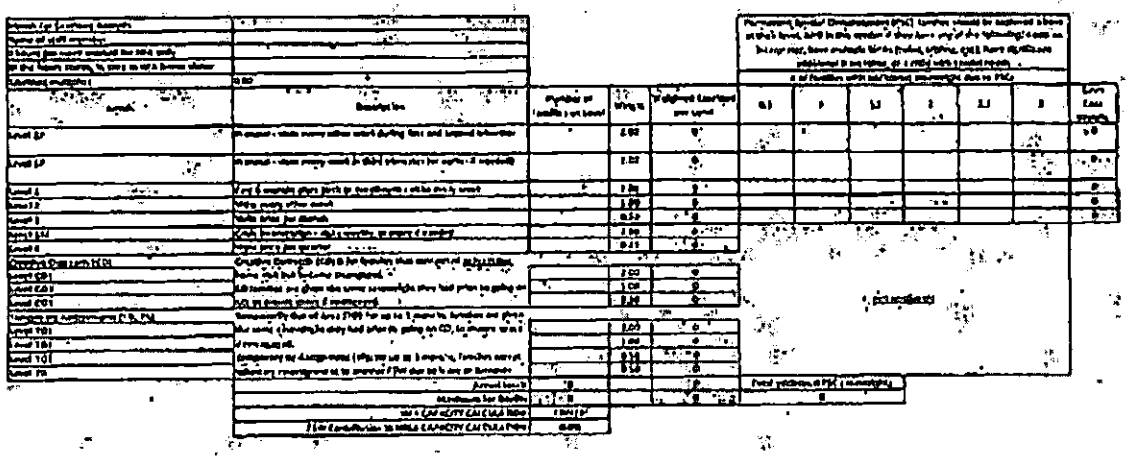


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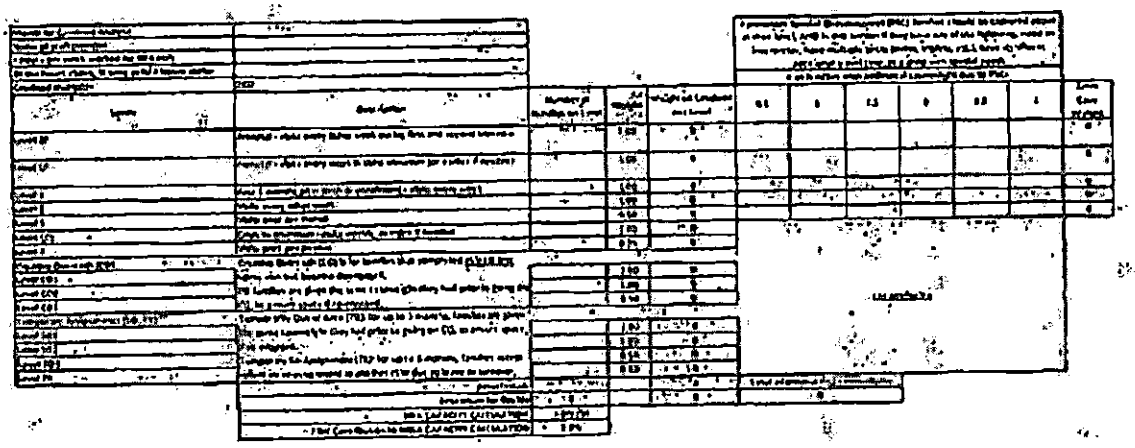


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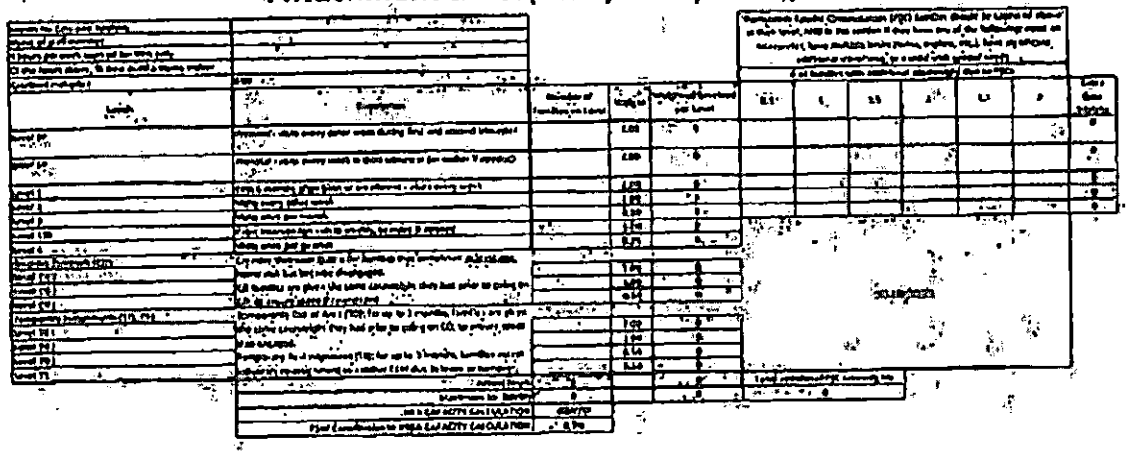
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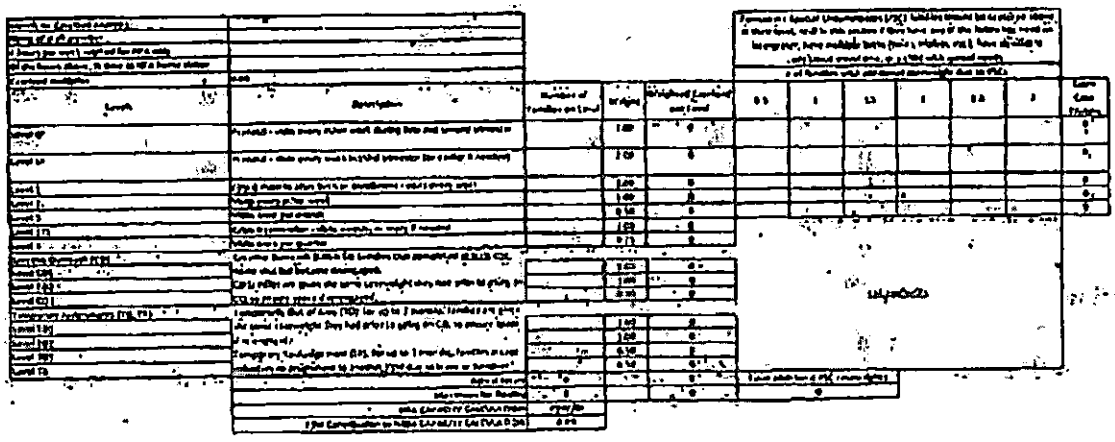
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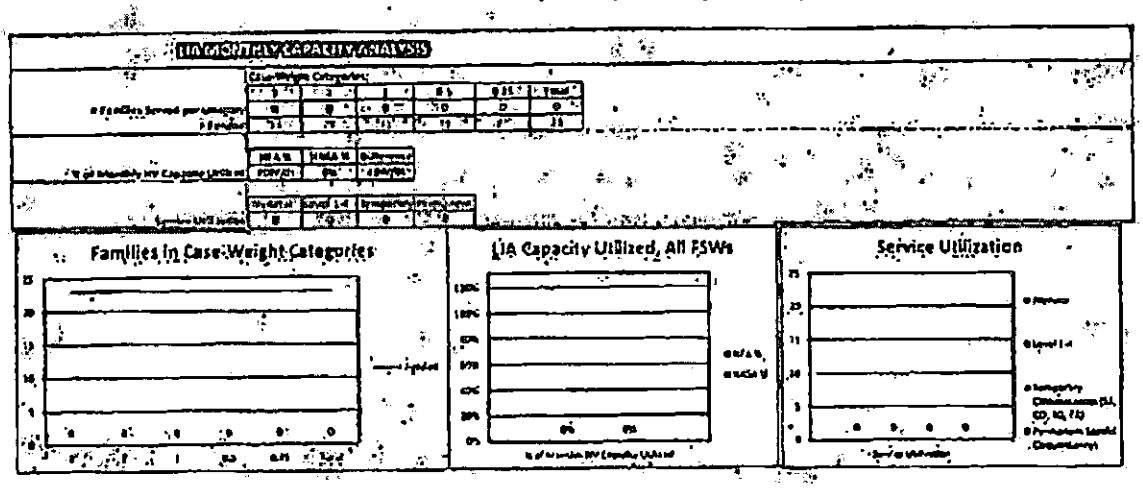
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Attachment 2: Capacity Analysis Report



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OMB No: 0906-0017
Expiration Date: 07/31/2021

Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 360 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 24, 2018

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OMB No: 0924-0811
Expiration Date: 07/31/2021

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/ training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

*When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
Adult Participants	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the house				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row – Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office*	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definition
All Tables		MIECHV Household: For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below: 1. Home Visitor Personnel Cost Method (*preferred method*): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 75 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (*temporary option*): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	New Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). Continuing Participant: A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). Pregnant women are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period. Female caregivers are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).

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		Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee. Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
2	Unduplicated Count of Households Served by MIECHV	New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions. Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.
3	Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)	Participant Served by a State Home Visiting Program (non-MIECHV): A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	Adult Participants by Age	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	Index Children by Age	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	Participants by Ethnicity	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	Participants by Race	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	Adult Participants by Marital Status	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.
9	Adult Participants by Educational Attainment	Adult Participants: includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child. Less than high school diploma includes individuals who have not completed their high school education. The Some college/training category includes those who are currently enrolled and those who attended in the past. The Technical training or certification category includes those who received technical training or certification in the past. The Associate's Degree category includes those who obtained an Associate's Degree. The Bachelor's Degree category includes those who obtained a Bachelor's Degree. The Other category includes those individuals who did not fall into the specified categories.
10	Adult Participants by Employment Status	Employed: refers to whether the person is currently working for pay. Employed Full Time: an employee who works an average of at least 30 hours per week Employed Part Time: an employee who works an average of less than 30 hours per week[1] Not Employed: indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)
11	Adult Participants by Housing Status	Not homeless: individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and Not homeless and lives in public housing: individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs) Homeless: individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and

[1] Healthcare.gov Glossary, https://www.healthcare.gov/glossary/full-time-employee/

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		Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason Homeless and living in an emergency or transitional shelters: individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement Homeless and some other arrangement: individuals who are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings[1]
11	Primary Language Spoken at Home	Primary language: the language used in the home the majority of the time. Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
13	Household Income in Relation to Federal Poverty Guidelines	The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. Federal Poverty Guidelines: Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines .
14	For Each Household Indicate the Priority Population Characteristics	Low-Income: An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines. Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period. Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.

[1] Administration for Children and Families. Early Childhood Learning and Knowledge Center. 2014. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/homeless/definitions.html

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		Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment. Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement. Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability. Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.
15	Service Utilization	Home visit refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	Family Engagement by Household	Currently receiving services refers to families that are participating in services at the end of the reporting period. Completed program refers to families who have completed the program according to model-specific definitions and criteria during the reporting period. Stopped services before completion refers to families who left the program for any reason prior to completion. Enrolled but not currently receiving services/Other refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively severe ties, etc.)
17	Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach	A Household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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Attachment 3 - Form 1

18	Participants by Type of Health Insurance Coverage	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.
19	Index Children by Usual Source of Medical Care	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. Usual source of care: the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.
20	Index Children (≥ 12 months of age) by Usual Source of Dental Care	Index Child (Birth – Kindergarten Entry): the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. Usual source of dental care: a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant age one patient and should be established no later than 12 months of age.[1]

[1] American Academy of Pediatric Dentistry, Dental Home Resource Center, http://www.aapd.org/resources/dental_home/

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Attachment 4 - Form 2

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Expiration Date: 07/31/2021

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

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July 19, 2018

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MEASURE 1

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: PRETERM BIRTH**
2. **TYPE OF MEASURE** Systems Outcome
3. **PERFORMANCE MEASURE** Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preter following program enrollment
4. **SPECIFICATION** **NUMERATOR:** Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment **DENOMINATOR:** Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks

5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥ 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: BREASTFEEDING**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
4. **SPECIFICATION** **NUMERATOR:** Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age **DENOMINATOR:** Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 3

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: DEPRESSION SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
4. **SPECIFICATION** **NUMERATOR:** For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery **DENOMINATOR:** For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: WELL CHILD VISIT**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 5

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: POSTPARTUM CARE**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	
4. **SPECIFICATION** **NUMERATOR:** Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery **DENOMINATOR:** Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 6

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: TOBACCO CESSATION REFERRALS**
2. **TYPE OF MEASURE** Performance Indicator
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment. **DENOMINATOR:** Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months

5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.	6.b. Value – Enter the number of cases missing from measure calculation:

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

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MEASURE 7

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: SAFE SLEEP**
2. **TYPE OF MEASURE** Performance Indicator
3. **PERFORMANCE MEASURE** Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding
4. **SPECIFICATION** **NUMERATOR:** Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding **DENOMINATOR:** Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible; plans to reduce the amount of missing data in future reporting.

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MEASURE 8

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD INJURY**
2. **TYPE OF MEASURE** Systems Outcome
3. **PERFORMANCE MEASURE** Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting
4. **SPECIFICATION** **NUMERATOR:** Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting **DENOMINATOR:** Number of children (index child) enrolled in home visiting

5. **VALUE FOR REPORTING PERIOD (rate)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 9

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD MALTREATMENT**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 10

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: PARENT-CHILD INTERACTION**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool **DENOMINATOR:** Number of primary caregivers enrolled in home visiting with children reaching the target age range	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 11

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 12

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: DEVELOPMENTAL SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period **DENOMINATOR:** Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 13

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: BEHAVIORAL CONCERNS**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. **SPECIFICATION** **NUMERATOR:** Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning **DENOMINATOR:** Total number of postnatal home visits during the reporting period	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE I4

1. **BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE** **CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 15

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: PRIMARY CAREGIVER EDUCATION**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting .	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers without a high school degree or equivalent at enrollment	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 16

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 17

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEPRESSION REFERRALS**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	
4. **SPECIFICATION** **NUMERATOR:** Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator) **DENOMINATOR:** Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value: %	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if	6.b. Value – Enter the number of cases missing from measure calculation:

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Expiration Date: 07/31/2021

eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 19

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	
5. **VALUE FOR REPORTING PERIOD (percentage)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of	6.b. Value – Enter the number of cases missing from measure calculation:

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missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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DEFINITIONS OF KEY TERMS

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Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	Preterm Birth: a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days).[1]
2.	Breastfeeding	Breastfeeding: in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	Depression Screening	Depression: aligned with each grantee's validated depression screening tool's definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery.[2]
6.	Tobacco Cessation Referrals	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.[3]
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation.[4] A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria.[5]
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory,

[1] Behrman R, Stith Butler A, eds. Preterm Birth: Causes, Consequences, and Prevention, Washington, DC: The National Academies Press, 2007.
[2] Optimizing postpartum care; Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187-92. Retrieved from https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1424453301
[3] Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention, 2012. Retrieved from http://www.cdc.gov/safechild/NAP/Background.html#print
[4] Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from https://www.childwelfare.gov/topics/systemwide/statistics/
[5] Child Welfare Information Gateway. Screening and Intake. Retrieved from https://www.childwelfare.gov/topics/management/screening/

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		and emotional development.[6]
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives.[7]
15.	Primary Caregiver Education	No definitions required.
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client.[8]
18.	Completed Developmental Referrals	Developmental Delays: delays in any or all areas including cognitive, social, language, sensory, and emotional development.[9]
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives.[7]

[6] U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from [illegible]
[7] Centers for Disease Control and Prevention, Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from [illegible]
[8] Home Visiting Collaborative Improvement and Innovation Network.

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Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
Referrals
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
Enrollments
Average time to enrollment from the time and date of referral.
# of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
Program Completion
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
Short-term Outcomes
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

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EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   - 1.1. 61.5% Federal funds from:
     - 1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
     - 1.1.2. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
     - 1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
     - 1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
     - 1.1.5. New Hampshire Initiative to Address COVID-19 Health Disparities, as awarded on May 27, 2021, by the DHHS Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
     - 1.1.6. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
   - 1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
   - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the

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Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

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the approved line items, as specified in Exhibits C-1, Budget through C-10, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   8.3. Identifies and requests payment for allowable costs incurred in the previous month.

   8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:

   9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of $404.39 per client (family) once per week.

   9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

   9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$89,168
SFY 2024	$108,983

SFY 2025	$54,711
Sub-Total	**$252,862**

9.4. The Contractor shall submit non-clinical expenses via the Website: https://business.nh.gov/beb/PaOes/Index.asDx.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to initiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$74,965
2024	$109,862
2025	$0*
Sub-Total	$184,827
*The Contractor will only bill for direct services in SFY 25.	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

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

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Home Visiting Formula Grant*

Budget Period: *SFY 2023 (10/01/2022 - 06/30/2023)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	157731.00
2. Fringe Benefits	34932.00
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	5000.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	2000.00
5.(e) Supplies Office	15000.00
6. Travel	999.73
7. Software	1000.00
8. (a) Other - Marketing/ Communications	5000.00
8. (b) Other - Education and Training	
8. (c) Other - Other (specify below)	
Other (Occupancy)	12000.00
Other (Liability Insurance)	1200.00
Other (Postage)	300.00
Other (Audit & Legal)	1200.00
Other (Telephone)	3000.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	245662.73
Total Indirect Costs	24066.27
TOTAL	269729.00

Contractor Initials: PS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Home Visiting Formula Grant*

Budget Period: *SFY 2024 (07/01/2023 - 06/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	252236.00
2. Fringe Benefits	66052.00
3. Consultants	5000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	715.64
6. Travel	5000.00
7. Software	150.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	14000.00
Other (Liability Insurance)	2000.00
Other (Postage)	400.00
Other (Telephone)	4000.00
Other (Audit & Legal	1500.00
Other (Annual Fees)	1800.00
9. Subrecipient Contracts	0.00
Total Direct Costs	344003.64
Total Indirect Costs	34350.36
TOTAL	378354.00

Contractor Initials: PS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Home Visiting Formula Grant*

Budget Period: *SFY 2025 (07/01/2024 - 09/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	71389.09
2. Fringe Benefits	5098.00
3. Consultants	2572.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	250.00
6. Travel	1000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2500.00
Other (Telephones)	700.00
Other (Liability Insurance)	0.00
Other (Annual Fees)	100.00
Other (Audit)	100.00
Other (Postage)	50.00
9. Subrecipient Contracts	0.00
Total Direct Costs	84189.09
Total Indirect Costs	8393.91
TOTAL	92583.00

Contractor Initials: PS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services.

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period: *SFY 2023 (10/01/2022 - 06/30/2023)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	45809.00
2. Fringe Benefits	3272.00
3. Consultants	4000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	431.73
6. Travel	5000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (audit)	100.00
Other (Occupancy)	3000.00
Other (Telephone)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	62512.73
Total Indirect Costs	6201.27
TOTAL	68714.00

Contractor Initials: PS

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period: *SFY 2024 (07/01/2023 - 06/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded By DHHS
1. Salary & Wages	33124.00
2. Fringe Benefits	2279.00
3. Consultants	1879.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	300.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	499.82
6. Travel	2000.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	300.00
8. (c) Other - Other (specify below)	
Other (occupancy)	4500.00
Other (audit)	300.00
Other (telephone)	300.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	45481.82
Total Indirect Costs	4518.18
TOTAL	50000.00

Contractor Initials: PS (DS)

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - ARP - MIEC Home Visiting*

Budget Period: *SFY 2025 (07/01/2024 - 09/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	45567.70
2. Fringe Benefits	3305.03
3. Consultants	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	0.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	100.00
6. Travel	1000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	0.00
8. (b) Other - Education and Training	100.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	1000.00
Other (Telephones)	100.00
Other (audit)	30.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51392.73
Total Indirect Costs	5139.27
TOTAL	56532.00

Contractor Initials: PS (DS)

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Child Health, Health Div*

Budget Period: *SFY 2023 (10/01/2022 - 06/30/2023)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	36000.00
2. Fringe Benefits	2389.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1200.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	1531.00
6. Travel	1650.00
7. Software	275.00
8. (a) Other - Marketing/ Communications	500.00
8. (b) Other - Education and Training	1000.00
8. (c) Other - Other (specify below)	
Other (occupancy)	3000.00
Other (Telephone)	500.00
Other (Audit & Legal)	100.45
Other (Dues & Fees)	100.00
9. Subrecipient Contracts	0.00
Total Direct Costs	51245.45
Total Indirect Costs	5004.55
TOTAL	56250.00

Contractor Initials: PS 03

Date: 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Child Health, Health Div*

Budget Period: *SFY 2024 (07/01/2023 - 06/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	56965.00
2. Fringe Benefits	4725.91
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	100.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	4000.00
7. Software	100.00
8. (a) Other - Marketing/ Communications	100.00
8. (b) Other - Education and Training	550.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	200.00
Other (Telephone)	300.00
Other (Audit)	
Other (Dues & Fees)	150.00
9. Subrecipient Contracts	0.00
Total Direct Costs	68190.91
Total Indirect Costs	6809.09
TOTAL	75000.00

Contractor Initials: PS

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New Hampshire Department of Health and Human Services

Contractor Name: *The Family Resource Center at Gorham*

Budget Request for: *Home Visiting Services - Child Health, Health Div*

Budget Period: *SFY 2025 (07/01/2024 - 09/30/2024)*

Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	6498.00
2. Fringe Benefits	1120.00
3. Consultants	500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	250.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	500.00
6. Travel	3500.00
7. Software	0.00
8. (a) Other - Marketing/ Communications	500.18
8. (b) Other - Education and Training	1500.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	1500.00
Other (Telephone)	700.00
Other (Annual Fees)	500.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	17068.18
Total Indirect Costs	1681.82
TOTAL	18750.00

Contractor Initials: PS

Date: 1/5/2023

New Hampshire Department of Health and Human Services
Contractor Name: *The Family Resource Center at Gorham*
Budget Request for: *Home Visiting Services - PH COVID-19 Health Disparities*
Budget Period: *SFY 2023 (10/01/2022 - 06/30/2023)*
Indirect Cost Rate (if applicable): 9%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	58313.00
2. Fringe Benefits	4267.00
3. Consultants	3000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2164.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2000.00
6. Travel	4000.00
7. Software	500.00
8. (a) Other - Marketing/ Communications	200.00
8. (b) Other - Education and Training	2000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2000.00
Other (Phone)	200.00
Other (Postage)	200.00
Other (please specify)	0.00
9. Subrecipient Contracts	0.00
Total Direct Costs	78844.00
Total Indirect Costs	7668.00
TOTAL	86512.00

Contractor Initials: PS
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New Hampshire Department of Health and Human Services

Contractor Name: The Family Resource Center at Gorham

Budget Request for: Home Visiting Services

Budget Period: SFY 2023 (7/1/22-6/30/23) 6 Months

Indirect Cost Rate (if applicable): 9.81%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	39482.07
2. Fringe Benefits	7547.93
3. Consultants	2000.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	1000.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	2500.00
6. Travel	6958.50
7. Software	0.00
8. (a) Other - Marketing/ Communications	1700.00
8. (b) Other - Education and Training	2500.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	2200.00
Other (Phone)	1500.00
Other (Postage)	500.00
9. Subrecipient Contracts	0.00
Total Direct Costs	67588.50
Total Indirect Costs	7396.50
TOTAL	74985.00

Contractor Initials PS

Date 1/5/2023

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New Hampshire Department of Health and Human Services

Contractor Name: The Family Resource Center at Gorham

Budget Request for: Home Visiting Services

Budget Period: SFY 2024 (7/1/23-6/30/24) 12 Months

Indirect Cost Rate (If applicable): 8.77%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	60370.58
2. Fringe Benefits	10355.22
3. Consultants	4500.00
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	2500.00
5.(a) Supplies - Educational	0.00
5.(b) Supplies - Lab	0.00
5.(c) Supplies - Pharmacy	0.00
5.(d) Supplies - Medical	0.00
5.(e) Supplies Office	4500.00
6. Travel	10000.00
7. Software	
8. (a) Other - Marketing/ Communications	2500.00
8. (b) Other - Education and Training	4000.00
8. (c) Other - Other (specify below)	
Other (Occupancy)	6500.00
Other (Phone)	2500.00
Other (Postage)	300.00
Other (Liability Insurance)	1300.00
9. Subrecipient Contracts	0.00
Total Direct Costs	98175.80
Total Indirect Costs	10730.20
TOTAL	108906.00

Contractor Initials PS

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

Vendor Initials PS

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has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: Tha Family Resource Center at Gorham

1/5/2023
Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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CERTIFICATION REGARDING LOBBYING

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

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

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

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: The Family Resource Center at Gorham

1/5/2023
Date

DocuSigned by:
Patricia Stolte
Name: Patricia Scolte
Title: Executive Director

Vendor Initials PS
Date 1/5/2023

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549; 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: The Family Resource Center at Gorham

1/5/2023
Date

Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

PS
Contractor Initials
1/5/2023
Date

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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

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

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023
Date

DocuSigned by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023
Date

Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

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

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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

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

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

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

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

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

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

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

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

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

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

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

(3) Obligations and Activities of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) Obligations of Covered Entity

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

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

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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

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

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

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e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	The Family Resource Center at Gorham
The State	Name of the Contractor
Patricia M. Tilley	Patricia Stolte
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Patricia Stolte
Name of Authorized Representative	Name of Authorized Representative
Director	Executive Director
Title of Authorized Representative	Title of Authorized Representative
1/6/2023	1/5/2023
Date	Date

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

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

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

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

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

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

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

Contractor Name: The Family Resource Center at Gorham

1/5/2023
Date

Signed by:
Patricia Stolte
Name: Patricia Stolte
Title: Executive Director

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FORM A

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

1. The UEI (SAM.gov) number for your entity is: 019150817/50402

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

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New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

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

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

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

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

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

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

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

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

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

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

II. METHODS OF SECURE TRANSMISSION OF DATA

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

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

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

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

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

A. Retention

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

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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A: above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

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e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

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

V. LOSS REPORTING

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

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

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

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

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

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Waypoint ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), as amended on May 1, 2024 (Item #18), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

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

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

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

   September 30, 2028

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

   $15,560,704

3. Modify Exhibit B, Scope of Services; Subsection 3.3., to read:

   3.3. The Contractor must service a portion of families utilizing the Healthy Families America (HFA) Child Welfare Protocols (CWP) in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months of age, referred by the child welfare system, who are participating in the service voluntarily. The Contractor shall exhaust all reasonable efforts to serve thirty-six (36) DCYF families in the Concord Catchment Area, twenty-eight (28) DCYF families in Seacoast Catchment Area, thirty-nine (39) DCYF families in Southern Catchment Area, and thirty-nine (39) DCYF families in the Manchester Catchment Area, serving no less than 70% of the identified families for each region before the end of the contract period.

4. Modify Exhibit B, Scope of Services, Subsection 3.5.4., to read:

   3.5.4. Families with an open DCYF case who have recently reunified, or where the child remains at home with their family and not in an out-of-home placement.

5. Modify Exhibit B, Scope of Services, Subsection 3.7.1.2., to read:

   3.7.1.2. Have HFA CWP available in the Concord, Manchester, Seacoast, and Southern DCYF Catchment Areas.

   3.7.1.2.1. Should the Contractor be unable to provide services through the HFA CWP, a corrective action plan must be developed by the Contractor and approved by the Department.

   3.7.1.2.1.1. In the event that the Contractor is unable to provide services using the CWP, the Contractor must enter into a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than thirty (30) business days from the date of discontinuation.

DS
BAT

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

1. This Agreement is funded by:

1.1. 68.25% Federal funds from:

1.1.1. 52.40% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595 and as awarded on September 2, 2022, FAIN X10MC46878 and as awarded on August 29, 2023, FAIN X10MC50315.

1.1.2. 3.59% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935 and as awarded on October 28, 2021, FAIN X11MC45263.

1.1.3. 2.48% New Hampshire Intiative to Address COVID-19 Health Disparaties, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.

1.1.4. 41.53% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.

1.2. 31.06% General funds.

1.3. 0.69% Other funds Governor Commission Funds.

7. Modify Exhibit C, Payment Terms Section 7, to read:

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement and shall be in accordance with the approved line items as specified in Exhibits C-1, Budget through C-9, SFY 2029 Budget Sheet - Amendment #2.

8. Modify Exhibit C, Payment Terms, Section 9.3, to read:

9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$182,154
SFY 2024	$364,307
SFY 2025	$1,470,242
SFY 2026	$1,470,242
SFY 2027	$1,470,242
SFY 2028	$1,470,242
SFY 2029	$367,560
Subtotal	**$6,794,989**

9. Modify Exhibit C, Payment Terms, by deleting Section 10 in its entirety.

10. Modify Exhibit C-3, SFY 2025 Budget Sheet – Amendment #1, by replacing it in its entirety with Exhibit C-3, SFY 2025 Budget Sheet – Amendment #2, which is attached hereto and incorporated by reference herein.
11. Add Exhibit C-6, Budget Sheet, SFY 2026 – Amendment #2, which is attached hereto and incorporated by reference herein.
12. Add Exhibit C-7, Budget Sheet, SFY 2027– Amendment #2, which is attached hereto and incorporated by reference herein.
13. Add Exhibit C-8, Budget Sheet, SFY 2028– Amendment #2, which is attached hereto and incorporated by reference herein.
14. Add Exhibit C-9, Budget Sheet, SFY 2029– Amendment #2, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not modified by this Amendment remain in full force and effect. This Amendment shall be effective October 1, 2024, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

9/10/2024
Date

DocuSigned by:
Iain Watt
B778BB63F9704C7...
Name: Iain Watt
Title: Director - DPHS

Waypoint

9/10/2024
Date

DocuSigned by:
Borja Alvarez de Toledo
2EBDBA264D0F4B0...
Name: Borja Alvarez de Toledo
Title: president and CEO

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

OFFICE OF THE ATTORNEY GENERAL

9/10/2024
Date

DocuSigned by:
Robyn Guarino
748734844941460...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-3, SFY 2025 Budget Sheet- Amendment #2

New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *SFY 2025 (7/1/24 - 6/30/25)*
Indirect Cost Rate (if applicable): 17.40%

Line Item	HOME VISITING FORMULA GNT AND GENERAL FUNDS
1. Salary & Wages	$509,003
2. Fringe Benefits	$152,695
3. Consultants	$22,000
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*	
5.(a) Supplies - Educational	
5.(b) Supplies - Lab	
5.(c) Supplies - Pharmacy	
5.(d) Supplies - Medical	
5.(e) Supplies Office	$3,300
6. Travel	$30,000
7. Software	$19,200
8. (a) Other - Marketing/Communications	
8. (b) Other - Education and Training	$12,000
8. (c) Other - Other (specify below)	
Organization/Membership Dues	$10,250
Occupancy	$47,040
Phones	$15,600
Insurance	$11,400
Other (please specify)	
Other (please specify)	
Other (please specify)	
Other (please specify)	
9. Subrecipient Contracts	
Total Direct Costs	$832,488
Total Indirect Costs	$144,853
Subtotals	**$977,341**
TOTAL	**$977,341**

Contractor Initials: DS BAT

Date: 9/10/2024

Exhibit C-6, Budget Sheet, SFY 2026 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	Waypoint
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/25 - 6/30/26
Indirect Cost Rate (if applicable)	0.174
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$594,388
2. Fringe Benefits	$190,204
3. Consultants	$36,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$3,000
6. Travel	$31,500
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$12,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$36,000
Other (please specify)	$0
Other (please specify)	$13,500
Other (please specify)	$10,250
9. Subrecipient Contracts	$0
Total Direct Costs	$927,150
Total Indirect Costs	$161,324
TOTAL	$1,088,474

Contractor Initials: BAT (DS)

Date: 9/10/2024

Exhibit C-7, Budget Sheet, SFY 2027 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	Waypoint
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/26 - 6/30/27
Indirect Cost Rate (if applicable)	0.174
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$542,115
2. Fringe Benefits	$162,630
3. Consultants	$12,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$16,000
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$4,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$20,000
Other (please specify)	$2,400
Other (please specify)	$9,600
Other (please specify)	$8,000
9. Subrecipient Contracts	$0
Total Direct Costs	$776,745
Total Indirect Costs	$135,154
TOTAL	$911,899

Contractor Initials: DS BAT

Date: 9/10/2024

Exhibit C-8, Budget Sheet, SFY 2028 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	Waypoint
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/27 - 6/30/28
Indirect Cost Rate (if applicable)	0.174
Line Item	**Program Cost - Funded by DHHS**
1. Salary & Wages	$602,147
2. Fringe Benefits	$192,687
3. Consultants	$19,756
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$2,000
6. Travel	$29,000
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$12,000
8. (c) Other - Other (specify below)	$0
Other (please specify)	$8,000
Other (please specify)	$38,825
Other (please specify)	$12,710
Other (please specify)	$6,825
9. Subrecipient Contracts	$0
Total Direct Costs	$923,950
Total Indirect Costs	$160,767
TOTAL	$1,084,717

Contractor Initials: DS BAT

Date: 9/10/2024

Exhibit C-9, Budget Sheet, SFY 2029 - Amendment #2

New Hampshire Department of Health and Human Services	
Contractor Name:	Waypoint
Budget Request for:	Home Visiting Services - Home Visiting Services Grant
Budget Period	7/1/28 - 9/30/28
Indirect Cost Rate (if applicable)	0.174003275

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$129,941
2. Fringe Benefits	$38,982
3. Consultants	$4,938
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$7,725
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	$0
Other (please specify)	$9,000
Other (please specify)	$3,000
Other (please specify)	$600
9. Subrecipient Contracts	$0
Total Direct Costs	$194,186
Total Indirect Costs	$33,789
TOTAL	$227,975

Contractor Initials: DS BAT

Date: 9/10/2024

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State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that WAYPOINT is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on September 25, 1914. 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: **62585**
Certificate Number: **0006775282**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 10th day of September A.D. 2024.

David M. Scanlan
Secretary of State

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WAYPOINT
Help Along the Way

CHILD AND FAMILY SERVICES

CERTIFICATE OF VOTE

I, MARK C. ROUVALIS, Board Chair, do hereby certify that:

1. I am a duly elected Officer of WAYPOINT.

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of the Agency duly held on 12/4/18:

RESOLVED: That this corporation enters into a contract with the State of New Hampshire, and any of its agencies or departments.

RESOLVED: That the PRESIDENT AND CEO 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.

BORJA ALVAREZ DE TOLEDO is the duly elected PRESIDENT/CEO of the Agency.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

9/6/24

Mark C Rouvalis

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/28/2024

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: Stephanie Potter	
Cross Insurance-Manchester 1100 Elm Street Manchester NH 03101	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 :	Philadelphia Indemnity Ins Co	18058
INSURER B :	Granite State Health Care and Human Services Self-	
INSURER C :	Travelers Cas & Surety Co of America	31194
INSURER D :		
INSURER E :		
INSURER F :		

INSURED: Waypoint, Po Box 448, Manchester NH 03105

COVERAGES CERTIFICATE NUMBER: 24-25 All 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 [X] OTHER: Professional Liability			PHPK2570618	07/01/2024	07/01/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							Each Incident $1M	$ 3,000,000 - agg
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] HIRED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] NON-OWNED AUTOS ONLY			PHPK2570610	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [X] RETENTION $ 10,000			PHUB669967	07/01/2024	07/01/2025	EACH OCCURRENCE	$ 4,000,000
							AGGREGATE	$ 4,000,000
								$
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		HCHS20240000576 (3a.) NH	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
C	Fidelity & Forgery			105912196	04/01/2024	04/01/2027	Limit	500,000
							Deductible	5,000

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

NH Department of Health & Human Services Bureau of Contracts & Procurement
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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WAYPOINT
Help Along the Way

Formerly
CHILD AND FAMILY SERVICES

MISSION STATEMENT:

Empowering people of all ages through an array of human services and advocacy

HEADQUARTERS
Toll free (800) 640 6486
office (603) 518 4000
fax (603) 668 6260

464 Chestnut Street
PO Box 448
Manchester, NH 03105
waypointnh.org

COA Accredited

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WAYPOINT

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

FOR THE YEAR ENDED DECEMBER 31, 2023

WAYPOINT

Help Along the Way

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WAYPOINT

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Waypoint

Report on the Audit of the Consolidated Financial Statements

Opinion

We have audited the consolidated financial statements of Waypoint, which comprise the consolidated statement of financial position as of December 31, 2023, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of Waypoint as of December 31, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of Waypoint and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Waypoint's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

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Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Waypoint's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Waypoint's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The Consolidated Schedules of Operating Expenses for 2023 and 2022 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards

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generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Report on Summarized Comparative Information

The consolidated financial statements of Waypoint as of and for the year ended December 31, 2022, were audited by Melanson, whose report dated May 10, 2023 expressed an unmodified opinion on those statements. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2022 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 20, 2024 on our consideration of Waypoint'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 Waypoint'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 Waypoint's internal control over financial reporting and compliance.

Marcum LLP

Merrimack, NH
May 20, 2024

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WAYPOINT

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2023

(with comparative totals as of December 31, 2022)

	2023			
	Without Donor Restrictions	With Donor Restrictions	2023 Total	2022 Total
Assets				
Current Assets				
Cash and cash equivalents	$ 5,649,783	$ --	$ 5,649,783	$ 712,445
Restricted cash	70,644	--	70,644	76,756
Accounts receivable, net of allowance for credit losses of $11,667 and $300	1,141,771	--	1,141,771	801,732
Grants receivable	1,649,265	--	1,649,265	1,274,880
Contributions receivable	88,258	--	88,258	--
Prepaid expenses	198,073	--	198,073	587,001
Total Current Assets	8,797,794	--	8,797,794	3,452,814
Noncurrent Assets				
Investments	16,966,133	4,428,622	21,394,755	18,568,769
Beneficial interest held in trusts	--	2,165,143	2,165,143	2,020,741
Property and equipment, net	9,675,555	--	9,675,555	10,105,143
Operating right-of-use assets, net	293,239	--	293,239	334,034
Total Noncurrent Assets	26,934,927	6,593,765	33,528,692	31,028,687
Total Assets	$ 35,732,721	$ 6,593,765	$ 42,326,486	$ 34,481,501
Liabilities and Net Assets				
Current Liabilities				
Accounts payable	$ 185,519	$ --	$ 185,519	$ 246,312
Accrued payroll and related liabilities	713,461	--	713,461	891,489
Other liabilities	58,649	--	58,649	205,887
Current portion of bonds payable	180,000	--	180,000	175,000
Current portion of operating lease liabilities	172,933	--	172,933	175,381
Refundable advances	316,902	--	316,902	443,742
Total Current Liabilities	1,627,464	--	1,627,464	2,137,811
Noncurrent Liabilities				
Bonds payable, net of current portion	3,175,167	--	3,175,167	3,355,167
Operating lease liabilities, net of current portion	124,897	--	124,897	160,212
Deferred loans - NHHFA	1,250,000	--	1,250,000	1,250,000
Interest rate swap agreements	380,838	--	380,838	399,935
Total Noncurrent Liabilities	4,930,902	--	4,930,902	5,165,314
Total Liabilities	6,558,366	--	6,558,366	7,303,125
Net Assets				
Without donor restrictions	29,174,355	--	29,174,355	21,485,716
With donor restrictions	--	6,593,765	6,593,765	5,692,660
Total Net Assets	29,174,355	6,593,765	35,768,120	27,178,376
Total Liabilities and Net Assets	$ 35,732,721	$ 6,593,765	$ 42,326,486	$ 34,481,501

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

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WAYPOINT

CONSOLIDATED STATEMENT OF ACTIVITIES

FOR THE YEAR ENDED DECEMBER 31, 2023

(with summarized comparative totals for the year ended December 31, 2022)

	2023			
	Without Donor Restrictions	With Donor Restrictions	2023 Total	2022 Total
Support and Revenue				
Support:				
Government grants	$ 8,404,728	$ 1,207,675	$ 9,612,403	$ 9,800,690
Contributions	1,387,432	2,331,849	3,719,281	2,840,961
In-kind contributions	77,736	--	77,736	48,536
Special events:				
Gross revenue	22,449	415,806	438,255	616,955
Less cost of direct benefit to donors	(120,158)	--	(120,158)	(153,690)
Net special events revenue	(97,709)	415,806	318,097	463,265
Revenue:				
Service fees, net	8,084,807	--	8,084,807	6,200,380
Rental income	15,641	--	15,641	--
Other income	119,368	--	119,368	40,684
Net Assets Released From Restrictions:				
Program releases	3,538,472	(3,538,472)	--	--
Endowment releases	80,643	(80,643)	--	--
Endowment Transfer to Support Operations	868,594	--	868,594	842,559
Total Support and Revenue	22,479,712	336,215	22,815,927	20,237,075
Operating Expenses				
Program services	17,015,721	--	17,015,721	15,261,737
Management and general	3,382,989	--	3,382,989	2,816,820
Fundraising	465,528	--	465,528	795,129
Total Operating Expenses	20,864,238	--	20,864,238	18,873,686
Change in Net Assets From Operations	1,615,474	336,215	1,951,689	1,363,389
Nonoperating Activities				
Investment income (loss), net	2,573,760	420,488	2,994,248	(4,096,650)
Unrealized gain on interest rate swap	19,097	--	19,097	593,622
(Loss) gain on the sale of asset	(4,136)	--	(4,136)	241,592
Change in beneficial interest	--	144,402	144,402	(413,854)
Interest income	297,174	--	297,174	4,744
Endowment transfer to support operations	(868,594)	--	(868,594)	(842,559)
Employee retention tax credit, net	4,055,864	--	4,055,864	--
Transfer of assets from Richie McFarland Children's Center	--	--	--	2,521,803
Total Nonoperating Activities	6,073,165	564,890	6,638,055	(1,991,302)
Change in Net Assets	7,688,639	901,105	8,589,744	(627,913)
Net Assets, Beginning of Year	21,485,716	5,692,660	27,178,376	27,806,289
Net Assets, End of Year	$ 29,174,355	$ 6,593,765	$ 35,768,120	$ 27,178,376

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

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WAYPOINT

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2023

(with summarized comparative totals for the year ended December 31, 2022)

	2023				
	Program Services	Management and General	Fundraising	2023 Total	2022 Total
Personnel expense:					
Salaries and wages	$ 9,649,650	$ 1,634,614	$ 309,418	$ 11,593,682	$ 10,719,413
Employee benefits	1,723,526	176,591	37,744	1,937,861	1,525,300
Retirement plan	119,524	35,604	5,325	160,453	121,399
Payroll taxes and other	990,399	127,664	23,934	1,141,997	1,026,086
Subtotal personnel expense	12,483,099	1,974,473	376,421	14,833,993	13,392,198
Professional fees:					
Accounting	75	45,570	--	45,645	51,130
Legal	6,784	70,873	--	77,657	18,661
Contracted services	418,189	406,788	52,603	877,580	1,179,448
Subtotal professional fees	425,048	523,231	52,603	1,000,882	1,249,239
Assistance to individuals	1,300,225	551	45,000	1,345,776	1,150,805
Communications	191,563	47,124	6,242	244,929	230,090
Conferences, conventions, meetings, and trainings	125,001	39,610	8,667	173,278	185,314
Depreciation	369,348	198,363	6,964	574,675	499,935
Insurance	118,173	63,652	2,282	184,107	97,877
Interest	286,008	40,704	5,449	332,161	251,392
Membership dues	29,654	16,084	--	45,738	56,711
Miscellaneous	52,471	113,285	5,414	171,170	81,163
Occupancy	827,313	70,603	12,193	910,109	799,844
Printing and publications	14,402	48,572	59,996	122,970	126,413
Equipment rental and maintenance	188,633	212,005	1,127	401,765	341,559
Supplies	149,564	12,586	2,190	164,340	159,595
Travel	455,219	22,146	1,138	478,503	405,241
Total Expenses By Function	17,015,721	3,382,989	585,686	20,984,396	19,027,376
Less expenses included on the Statement of Activities:					
Cost of direct benefits to donors	--	--	(120,158)	(120,158)	(153,690)
Total Expenses Reported on the Statement of Activities	$ 17,015,721	$ 3,382,989	$ 465,528	$ 20,864,238	$ 18,873,686

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

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WAYPOINT

CONSOLIDATED STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED DECEMBER 31, 2023

(with comparative totals for the year ended December 31, 2022)

	2023	2022
Cash Flows from Operating Activities		
Change in net assets	$ 8,589,744	$ (627,913)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	574,675	499,935
Disposals of fixed assets	36,625	42,906
Amortization of operating right-of-use assets	212,581	173,740
Contributions restricted for endowment	(34,963)	(71,249)
Donation of closely held securities	(750,000)	--
Realized gain on investments	(308,748)	(171,631)
Unrealized (gain) loss on investments	(2,155,130)	4,768,167
Change in beneficial interest in trusts	(144,402)	413,854
Change in interest rate swap	(19,097)	(593,622)
RMCC fixed assets and beneficial interest	--	(1,332,247)
Changes in operating assets and liabilities:		
Accounts receivable	(340,039)	(151,075)
Grants receivable	(374,385)	(635,646)
Contributions receivable	(88,258)	--
Prepaid expenses	388,928	(275,337)
Accounts payable	(60,793)	(44,066)
Accrued payroll and related liabilities	(178,028)	292,661
Other liabilities	(147,238)	142,188
Refundable advances	(126,840)	(217,195)
Operating lease liabilities	(209,548)	(172,182)
Net Cash Provided by Operating Activities	4,865,084	2,241,288
Cash Flows from Investing Activities		
Purchases of investments	(561,345)	(571,135)
Proceeds from sale of investments	949,237	932,262
Purchase of fixed assets	(181,713)	(3,070,755)
Net Cash Provided by (Used in) Investing Activities	206,179	(2,709,628)
Cash Flows from Financing Activities		
Contributions restricted for endowment	34,963	71,249
Proceeds from line of credit	5,505,906	--
Principal payments on line of credit	(5,505,906)	--
Payment of long-term debt	(175,000)	(224,833)
Net Cash Used in Financing Activities	(140,037)	(153,584)
Net Change in Cash and Cash Equivalents and Restricted Cash	4,931,226	(621,924)
Cash and Cash Equivalents, and Restricted Cash, Beginning of Year	789,201	1,411,125
Cash and Cash Equivalents, and Restricted Cash, End of Year	$ 5,720,427	$ 789,201
Supplemental Disclosure of Cash Flow Information:		
Cash paid during the year for interest	$ 332,161	$ 251,392
Supplemental Disclosure of Non-cash Investing Activity:		
RMCC fixed assets and beneficial interest	$ --	$ 1,332,247
As reported in the Consolidated Statement of Financial Position, cash balance consists of:		
Cash and cash equivalents	$ 5,649,783	$ 712,445
Restricted cash	70,644	76,756
Total Cash, Cash Equivalents, and Restricted Cash	$ 5,720,427	$ 789,201

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

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NOTE 1 - ORGANIZATION

Waypoint (the Organization) is a nonprofit organization, founded in 1850, with a mission to empower people of all ages through an array of human services and advocacy. Waypoint adheres to the highest standards of practice and is the only organization in New Hampshire to be accredited by the Council on Accreditation.

Waypoint has historically been the first service provider to respond to the state's most pressing needs – responding to child labor of the 1900s, child abuse in the 1940s, the spike in youth homelessness in the 1960s, human trafficking in the 2010s, and continues that trend today. Each year we serve an average of 7,500 individuals, children, and families across New Hampshire. Nearly 90% of our clients live in poverty or with very low incomes.

These services span the life cycle from prenatal to seniors, and fall under four core care areas:

FAMILY PRESERVATION AND STRENGTHENING

Intensive home-based programs in partnership with the Division of Children, Youth, and Families to restore positive family functioning for youth and families involved with the child welfare and juvenile justice systems as well as voluntary services for families that are at risk to stabilize families. Programs are delivered in the home, schools, or community, and include mental health counseling and substance abuse treatment, as well as a complex system of family stabilization and preservation programs. Waypoint empowers families with the skills and resources they need to provide for their children and become self-sufficient.

EARLY CHILDHOOD AND FAMILY SUPPORT

Education and support to improve parenting, strengthen families, prevent child abuse, and neglect, and ensure the healthy development of children are provided in homes and through Family Resource Centers throughout New Hampshire. This includes home visiting services that support families and support and therapy for infants and toddlers with, or at-risk of, developmental disabilities and delays. Waypoint also operates a childcare center (the Children's Place and Parent Education Center) providing a unique combination of educational and family support. Young children starting life at a disadvantage receive critical services to ensure a good beginning and to optimize their chances for life-long success.

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NOTE 1 - ORGANIZATION (CONTINUED)

HOMELESS YOUTH AND YOUNG ADULTS

A continuum of care designed to support youth and young adults (12-25) in exiting homelessness and finding long-term independence and stability. Services feature street-based outreach, basic needs fulfillment at drop-in centers, crisis intervention, educational and vocational advocacy, housing, and case management. Waypoint operates the only low-barrier emergency shelter specifically for adults aged 18-24 who are experiencing or are at-risk of homelessness.

HOMECARE

In-home support for seniors and adults with disabilities so they can maintain their independence safely in their community, and family-strengthening support and resources, for children with chronic health condition and their families. Waypoint provides services delivered by personal care service providers, nurses, and LNAs in homes that help with everything from cooking and cleaning to personal hygiene, medication reminders, mobility, and help with daily tasks.

Waypoint provides additional support for children, families, and individuals through a strong advocacy program, established in 1971. The combination of advocacy and direct service practice uniquely positions Waypoint to serve the best interests of New Hampshire children.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of significant accounting policies used in preparing and presenting the accompanying consolidated financial statements.

BASIS OF FINANCIAL STATEMENT PRESENTATION

The consolidated financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

CHANGE IN ACCOUNTING PRINCIPLE

ASC 326, Current Expected Credit Losses

In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) 326, *Current Expected Credit Losses,* which changed how entities will measure credit losses for most financial assets and certain other instruments that are not measured at fair value through net income. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing an entity's exposure to credit risk and the measurement of credit losses. Financial assets held by the Organization that are subject to the guidance in FASB ASC 326 are trade accounts receivable.

The Organization adopted the standard effective January 1, 2023. The impact of the adoption was not considered material to the consolidated financial statements and primarily resulted in new/enhanced disclosures only.

PRINCIPLES OF CONSOLIDATION

The consolidated financial statements include Waypoint and Child and Family Realty Corporation, commonly controlled organizations. All inter-organization transactions have been eliminated. Unless otherwise noted, these consolidated entities are hereinafter referred to as "the Organization".

COMPARATIVE FINANCIAL INFORMATION

The accompanying consolidated financial statements include certain prior-year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP Accordingly, such information should be read in conjunction with the audited consolidated financial statements for the year ended December 31, 2022, from which the summarized information was derived.

CASH AND CASH EQUIVALENTS

All cash and highly liquid financial instruments with original maturities of three months or less, and which are neither held for nor restricted by donors for long-term purposes, are considered to be cash and cash equivalents. Cash and highly liquid financial instruments invested for long-term purposes, including endowments that are perpetual in nature, are excluded from this definition.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

ACCOUNTS RECEIVABLE AND CREDIT POLICIES

At the end of each reporting period, the Organization estimates the current expected credit loss (CECL) per ASC 326. The Organization utilizes the loss rate methodology to determine historical credit losses. The loss rate method estimate is derived from a review of the Organization's historical write-offs as a percentage of average accounts receivable. The estimate is adjusted for management's assessment of current conditions, reasonable and supportable forecasts regarding future events, and any other factors deemed relevant. The Organization believes historical loss information is a reasonable starting point for calculating the expected allowance for credit losses, as the Organization's programs have remained consistent since inception. Based on economic indicators, including 2023 and general overall economic conditions, the Organization is not anticipating a change in the historical credit loss rate from what it has been in the past.

GRANTS RECEIVABLE

Grants receivable, that is, those with a measurable performance or other barrier, and a right of return, are not recognized until the conditions on which they depend have been substantially met. Amounts recorded as grants receivable represent cost-reimbursable contracts and grants, which the incurrence of allowable qualifying expenses and/or the performance of certain requirements have been met or performed. The allowance for uncollectible grants receivable is based on historical experience and a review of subsequent collections. Management has determined that no allowance is necessary.

CONTRIBUTIONS RECEIVABLE

Unconditional contributions that are expected to be collected within one year are recorded at net realizable value. Unconditional contributions that are expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates designed to reflect the assumptions market participants would use in pricing the asset. In subsequent years, amortization of the discounts is included in contribution revenue in the Consolidated Statement of Activities. The allowance for uncollectable contributions is based on historical experience, an assessment of economic conditions, and a review of subsequent collections. Contributions are written off when deemed uncollectable. Management has determined that no allowance is necessary.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENTS

Investment purchases are recorded at cost, or if donated, at fair value on the date of donation. Thereafter, investments are reported at their fair value in the Consolidated Statement of Financial Position. Net investment return/(loss) is reported in the Consolidated Statement of Activities and consists of interest and dividend income, realized and unrealized gains and losses, less external investment expenses.

The Organization maintains pooled investment accounts for its endowment. Realized and unrealized gains and losses are allocated to the individual endowments based on the relationship of the market value of each endowment to the total market value of the pooled investment accounts, as adjusted for additions to or deductions from those accounts, and taking into consideration donor restrictions related to the treatment of investment earnings.

BENEFICIAL INTEREST HELD IN TRUSTS

The Organization is the beneficiary of perpetual charitable trusts. The beneficial interest in trusts is reported at its fair value, which is estimated as the fair value of the underlying trust assets. Distributions of income from trust assets are restricted as to use and are reported as increases in net assets with donor restrictions until expended in accordance with restrictions. The value of the beneficial interest in the trusts is adjusted annually for the change in its estimated fair value. Those changes in value are reported as increases in net assets with donor restrictions. The assets in the trusts will never be distributed to the Organization.

PROPERTY AND EQUIPMENT, NET

Property and equipment additions over $5,000 are recorded at cost, if purchased, and at fair value at the date of donation, if donated. Depreciation is computed using the straight-line method over the estimated useful lives of the assets ranging from 5 to 50 years. When assets are sold or otherwise disposed of, the cost and related depreciation is removed, and any resulting gain or loss is included in the Consolidated Statement of Activities. Costs of maintenance and repairs that do not improve or extend the useful lives of the respective assets are expensed. Assets not in service are not depreciated.

The carrying values of property and equipment are reviewed for impairment whenever events or circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. When considered impaired, an impairment loss is recognized to the extent carrying value exceeds the fair value of the asset. There were no indicators of asset impairment in 2023 or 2022.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

LEASES

The Organization is a lessee in several noncancellable operating leases, for office space and equipment. The Organization determines if an arrangement is a lease, or contains a lease, at inception of a contract and when the terms of an existing contract are changed. The Organization recognizes a lease liability and a right-of-use (ROU) asset at the commencement date of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. The Organization generally does not have access to the rate implicit in the lease and, therefore, the Organization utilizes a risk-free rate as the discount rate at the lease commencement date for all classes of underlying assets. The ROU asset is subsequently measured throughout the lease term at the amount of the remeasured lease liability (i.e., present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received, and any impairment recognized. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

The Organization has elected, for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement, and do not include an option to purchase the underlying asset that the Organization is reasonably certain to exercise. The Organization recognizes lease costs associated with short-term leases on a straight-line basis over the lease term.

The Organization has lease agreements with lease and non-lease components, which are generally accounted for separately. The Organization has elected, for all underlying classes of assets, to account for each separate lease component of a contract and its associated non-lease components (repairs and maintenance) as a single lease component. For arrangements accounted for as a single lease component, there may be variability in future lease payments as the amount of the non-lease components is typically revised from one period to the next. These variable lease payments are recognized in operating expenses in the period in which the obligation for those payments was incurred.

INTEREST RATE SWAP

An interest rate swap is utilized to mitigate interest rate risk on bonds payable. The related liability is reported at fair value in the Consolidated Statement of Financial Position, and unrealized gains or losses are included in the Consolidated Statement of Activities.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NET ASSETS

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions.

Net Assets Without Donor Restrictions

Net assets without donor restrictions are net assets available for use in general operations and not subject to donor (or certain grantor) imposed restrictions. The Board has designated, from net assets without donor restrictions, net assets for a Board-designated endowment.

Net Assets With Donor Restrictions

Net assets with donor restrictions are net assets subject to donor (or certain grantor) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity while permitting the Organization to expend the income generated by the assets in accordance with the provisions of additional donor-imposed stipulations or a Board approved spending policy. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

The Organization recognizes revenue from contributions and grants that were initially conditional, which became unconditional with restrictions during the reporting period, and for which those restrictions were met during the reporting period, as net assets without donor restrictions.

REVENUE RECOGNITION

A portion of the Organization's revenue is derived from cost-reimbursable contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as refundable advances in the Consolidated Statement of Financial Position.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REVENUE RECOGNITION (CONTINUED)

The Organization recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give—that is, those with a measurable performance or other barrier and a right of return—are not recognized until the conditions on which they depend have been met.

The Organization records special events revenue equal to the fair value of direct benefits to donors, and contribution income for the excess received when the event takes place.

Revenues derived from providing program services are recognized as the services are provided. Program service fees paid in advance are deferred to the period to which they relate. All other amounts paid in advance are deferred to the period in which the underlying event or rental takes place. Due to the nature and timing of the performance and/or transfer of services, certain contract liabilities at December 31 of each year are recognized in the following year.

DONATED SERVICES AND IN-KIND CONTRIBUTIONS

Volunteers contribute significant amounts of time to program services, administration, and fundraising and development activities; however, the financial statements do not reflect the value of these contributed services because they do not meet recognition criteria prescribed by GAAP. GAAP allows recognition of contributed services only if (a) the services create or enhance nonfinancial assets or (b) the services would have been purchased if not provided by contribution, require specialized skills, and are provided by individuals possessing those skills.

Donated professional services are recorded at the respective fair value of the services received. Contributed goods are recorded at fair value at the date of donation and as expenses when placed in service or distributed. Donated use of facilities is reported as a contribution and as an expense at the estimated fair value of similar space for rent under similar conditions. If the use of the space is promised unconditionally for a period greater than one year, the amount is reported as a contribution and an unconditional promise to give at the date of the gift, and the expense is reported over the term of use.

ADVERTISING COSTS

Advertising costs are expensed as incurred and are reported in the Consolidated Statement of Activities and Consolidated Statement of Functional Expenses.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

FUNCTIONAL ALLOCATION OF EXPENSES

The costs of program and supporting services activities have been summarized on a functional basis in the Consolidated Statement of Activities. The Consolidated Statement of Functional Expenses presents the natural classification detail of expenses by function.

The consolidated financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salary and benefits, which are allocated based on time and effort estimates, and occupancy costs and depreciation which are allocated based on personnel count at the location.

MEASURE OF OPERATIONS

The Consolidated Statement of Activities reports all changes in net assets, including changes in net assets from operating and nonoperating activities. Operating activities consist of those items attributable to the Organization's ongoing programs and services and include the Organization's annual endowment transfer to support operations. Nonoperating activities are limited to resources outside of those programs and services and are comprised of non-recurring gains and losses on sales and dispositions, investment income, changes in the value of beneficial interests and interest rate swaps, and employee retention tax credit net of applicable expenses.

INCOME TAXES

Waypoint has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Internal Revenue Code (IRC) Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for charitable contribution deductions, and has been determined not to be a private foundation. Child and Family Realty Corporation is exempt from federal income tax under Section 501(a) of the IRC as an organization described in Section 501(c)(25).

Each entity is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, each is subject to income tax on net income that is derived from business activities that are unrelated to their exempt purpose.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INCOME TAXES (CONTINUED)

The Organization accounts for uncertain tax provisions under FASB ASC 740, *Income Taxes*, which provides a framework for how entities should recognize, measure, present, and disclose uncertain tax positions in their financial statements. The Organization may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position. Management has reviewed the Organization's reporting and believes they have not taken tax positions that are more likely than not to be determined to be incorrect by the IRS and, therefore, no adjustments or disclosures are required. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods pending or in progress.

ESTIMATES

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results may differ from those estimates.

FINANCIAL INSTRUMENTS AND CREDIT RISK

Deposit concentration risk is managed by placing cash deposits with financial institutions believed to be creditworthy. At times, amounts on deposit may exceed insured limits. To date, no losses have been experienced in any of these accounts. Credit risk associated with receivables is considered to be limited due to high historical collection rates. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Consolidated Statement of Financial Position. Although the fair value of investments are subject to fluctuation on a year-to-year basis, the Investment Committee believes that the investment policies and guidelines are prudent for the long-term welfare of the Organization.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

FAIR VALUE MEASUREMENTS AND DISCLOSURES

Certain assets and liabilities are reported at fair value in the consolidated financial statements. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction in the principal, or most advantageous, market at the measurement date under current market conditions regardless of whether that price is directly observable or estimated using another valuation technique. Inputs used to determine fair value refer broadly to the assumptions that market participants would use in pricing the asset or liability, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset or liability based on the best information available. A three-tier hierarchy categorizes the inputs as follows:

- Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.
- Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability, and market-corroborated inputs.
- Level 3 – Unobservable inputs for the asset or liability. In these situations, inputs are developed using the best information available in the circumstances.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety at the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to entire measurement requires judgment, taking into account factors specific to the asset or liability. The categorization of an asset or liability within the hierarchy is based upon the pricing transparency of the asset or liability and does not necessarily correspond to the assessment of the quality, risk, or liquidity profile of the asset or liability.

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NOTE 3 - LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the date of the Consolidated Statement of Financial Position, were comprised of the following at December 31, 2023 and 2022:

	2023	2022
Financial assets at year end:		
Cash and cash equivalents	$ 5,649,783	$ 712,445
Restricted cash	70,644	76,756
Accounts receivable	1,141,771	801,732
Grants receivable	1,649,265	1,274,880
Contributions receivable	88,258	--
Investments	21,394,755	18,568,769
Beneficial interest held in trusts	2,165,143	2,020,741
Total financial assets	32,159,619	23,455,323
Less amounts not available to be used within one year:		
Restricted cash not available for general expenditure	70,644	76,756
Net assets with donor restrictions	6,593,765	5,692,660
Less:		
Net assets with purpose restrictions to be met in less than a year	(1,515,563)	(1,133,668)
Donor-restricted endowment subject to spending policy rate and appropriation	(73,998)	(73,998)
Closely held securities	750,000	--
Board-designated - ERTC funds	4,261,566	--
Board-designated endowment	16,173,416	14,896,850
Less:		
Board-designated endowment annual spending policy rate and appropriation	(899,141)	(868,594)
Total amounts not available to be used within one year	25,360,689	18,590,006
Financial assets available to meet general expenditures over the next year	$ 6,798,930	$ 4,865,317

Endowment funds consist of donor-restricted endowments and funds designated by the Board to function as endowments. Income from donor-restricted endowments is restricted for specific purposes. The portion of endowment funds that are perpetual in nature are not available for general expenditure.

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NOTE 3 - LIQUIDITY AND AVAILABILITY (CONTINUED)

The Board-designated endowment is subject to an annual spending rate as determined by the Board. Although there is no intention to spend from the Board-designated endowment (other than amounts appropriated for general expenditure as part of the Board's annual budget approval and appropriation), these amounts could be made available if necessary.

As part of its liquidity management plan, the Organization also has a $1,500,000 revolving line of credit available to meet cash flow needs.

NOTE 4 - INVESTMENTS

Investments measured at fair value on a recurring basis, consisted of the following at December 31, 2023 and 2022:

	2023	2022	Fair Value Hierarchy
Mutual funds	$ 20,644,755	$ 18,568,769	Level 1
Closely held securities	750,000	--	Level 3
Total	$ 21,394,755	$ 18,568,769	

During 2023 and 2022, the Organization recognized $2,463,878 and $(4,596,536), respectively, of net gains and (losses) on investments. Of those amounts, $2,155,130 and $(4,768,167) were recognized as unrealized gains and (losses) on investments of equity securities held at December 31, 2023 and 2022, respectively.

Under the terms of the Organization's line of credit agreement (Note 7), the Organization has agreed not to pledge the mutual funds as security on any other debt.

The Organization's policy is to avail itself of a Board-approved percentage of investment income from mutual fund investments for operations with any remaining interest, dividends, or appreciation reinvested. The spending policy approved by the Board of Trustees is a percentage of the average total endowment value over the previous 12 quarters, with a 1% contingency margin with Board approval. In 2023 and 2022, the approved rate was 5.00%.

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NOTE 5 - BENEFICIAL INTEREST HELD IN TRUSTS

The Organization is the sole beneficiary of four funds that are administered by the New Hampshire Charitable Foundation (NHCF). Income from the funds is to provide assistance to children attending camp and for capital improvements to the camp, and to support the Early Supports and Services program based in the Stratham office. The fund's resolutions provide that distributions from the funds can be made at the discretion of the NHCF Board of Directors.

At December 31, 2023 and 2022, the fair market value of the funds, which approximates the present value of future benefits expected to be received, was $1,245,254 and $1,152,876, respectively.

In addition, the Organization has a split-interest in three charitable remainder trusts. The assets are held in trust by banks as permanent trustees of the trusts. The fair value of these beneficial interests is determined by applying the Organization's percentage interest to the fair value of the trust assets as reported by the trustee.

Trust	Percentage Interest	2023	2022
Greenleaf	100%	$ 353,987	$ 335,096
Spaulding	100%	324,126	300,889
Cogswell	50%	241,776	231,880
Total		$ 919,889	$ 867,865

Beneficial interest held in trusts is reported at fair value, which is estimated as the present value of expected future cash inflows on a recurring basis. As discussed in Note 2, the valuation technique used by the Organization is a Level 3 measure because there are no observable market transactions.

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NOTE 6 - PROPERTY AND EQUIPMENT, NET

Property and equipment, net was comprised of the following at December 31, 2023 and 2022:

	2023	2022
Land and land improvements	$ 958,884	$ 958,884
Buildings and improvements	11,072,089	10,995,856
Furniture, fixtures, and equipment	657,629	962,064
Vehicles	68,761	68,761
Software	465,730	503,924
Construction in progress	82,075	15,220
Assets held for sale (Camp Spaulding)	2,069,677	2,069,667
Subtotal	15,374,845	15,574,376
Less accumulated depreciation	(5,699,290)	(5,469,233)
Total	$ 9,675,555	$ 10,105,143

In March 2023, the Organization entered into a purchase and sales agreement to sell the Camp Spaulding asset held for sale. The sale is expected to close in 2024.

NOTE 7 - LINE OF CREDIT

The Organization has a $1,500,000 revolving line of credit agreement with a bank, which is payable on demand. The line is secured by a first lien on accounts receivable, double negative pledge on all investments of the borrower, and carries a variable rate of interest at the Wall Street Journal prime rate (8.5% at December 31, 2023), adjusted daily. At December 31, 2023 and 2022, there was no outstanding balance on this line of credit.

NOTE 8 - BONDS PAYABLE

During 2007, the New Hampshire Health and Education Facilities Authority (the "Authority") sold $5,540,000 of its Revenue Bonds, Child and Family Services Issue, Series 2007, and loaned the proceeds of the bonds to the Organization to refund its Series 1999 Series Bonds and to finance certain improvements to the Organization's facilities. The Series 2007 Bonds were issued with a variable interest rate determined on a weekly basis. Prior to issuing the Bonds, the Organization entered into an interest rate swap agreement (the "Swap Agreement") with Citizens Bank of NH (the "Counterparty") for the life of the bond issue to hedge the interest rate risk associated with the Series 2007 Bonds. The interest rate swap agreement requires the Organization to pay the Counterparty a rate of interest per annum equal to the product of (a) .68 multiplied by (b) the sum of Term SOFR, plus 2.75%".

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NOTE 8 - BONDS PAYABLE (CONTINUED)

Counterparty payments to the Organization were intended to offset the Organization's payments of variable rate interest to bondholders. Counterparty credit worthiness and market variability can impact the variable rates received and paid by the Organization, with the potential of increasing Organization's interest payments. As a result, the cost of the interest rate swap for 2023 and 2022 is added to interest expense in the Consolidated Statement of Functional Expenses. The bonds mature in 2038 and can be repaid at any time.

The Organization is required to include the fair value of the swap in the Consolidated Statement of Financial Position, and annual changes, if any, in the fair value of the swap in the Consolidated Statement of Activities. For example, during the bond's 30-year holding period, the annually calculated value of the swap will be reported as an asset if interest rates increase above those in effect on the date of the swap was entered into (and as an unrealized gain in the Consolidated Statement of Activities), which will generally be indicative that the net fixed rate the Organization is paying on the swap is below market expectations of rates during the remaining term of the swap. The swap will be reported as a liability (and as an unrealized loss in the Consolidated Statement of Activities) if interest rates decrease below those in effect on the date the swap was entered into, which will generally be indicative that the net fixed rate the Organization is paying on the swap is above market expectations of rates during the remaining term of the swap. The annual accounting adjustments of value changes in the swap transaction are non-cash recognition requirements, the net effect of which will be zero at the end of the bond's 30-year term. At December 31, 2023 and 2022, the Organization recorded the swap liability position of $380,838 and $399,935, respectively. During 2009, there occurred a downgrading of the credit rating of the Counterparty to the letter of credit reimbursement agreement, which triggered a mandatory tender of the Series 2007 Bonds in whole and a temporary conversion of one hundred percent of the principal amount to a bank purchase mode under the terms of said letter of credit reimbursement agreement. Since it became evident that the credit markets would not soon return to normalcy, the Organization elected to convert the Series 2007 Bonds from a weekly rate mode to a bank purchase mode. This new bank purchase mode created a rate period in which the Series 2007 Bonds bear interest at the tax adjusted bank purchase rate of 68% of the sum of the term secured overnight financing rate (SOFR) plus 275 basis points. The bank purchase mode commenced on July 31, 2009 and expired on July 31, 2014; however, the expiration date was extended by the Counterparty and the Organization had the option to convert back to the weekly rate mode. The Series 2007 Bond documents require the Organization to comply with certain financial covenants. As of December 31, 2023 and 2022, the Organization was in compliance with these covenants.

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NOTE 8 - BONDS PAYABLE (CONTINUED)

The following is a summary of future payments on the previously mentioned bonds payable:

Year	Amount
2024	$ 180,000
2025	195,000
2026	200,000
2027	205,000
2028	220,000
Thereafter	2,355,167
Total	$ 3,355,167

NOTE 9 - LEASES

The Organization rents property and equipment under non-cancelable operating lease agreements with monthly payments ranging from $1,430 to $4,500. The leases expire at various dates through May 2026.

While all agreements provide minimum lease payments, some include payments adjusted for inflation or variable common area maintenance charges. Variable payments are not determinable at the lease commencement and are not included in the measurement of lease assets and liabilities. The lease agreements do not include any material residual value guarantees or restrictive covenants.

The components of operating lease expense that are included in the Statement of Activities for the years ended December 31, 2023 and 2022 were as follows:

	2023	2022
Fixed lease cost	$ 213,799	$ 176,300
Variable lease cost	38,797	57,396
Short-term lease cost	--	14,000
Total lease cost	$ 252,596	$ 247,696

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NOTE 9 - LEASES (CONTINUED)

During the years ended December 31, 2023 and 2022, the Organization had the following cash and non-cash activities related to operating leases:

	2023	2022
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows for operating leases	$ 213,799	$ 176,600
Non-cash investing and financing activities:		
Lease assets obtained in exchange for lease liabilities:		
Operating leases	$ 168,666	$ 507,774

Weighted average lease term and discount rate at December 31, 2023 and 2022, were as follows:

	2023	2022
Weighted average remaining lease term (years)	1.86	2.14
Weighted average discount rate	1.36%	1.04%

Future payments due under operating leases as of December 31, 2023, were as follows for the years ending December 31:

Year	Amount
2024	$ 175,923
2025	102,400
2026	23,750
Total lease payments	302,073
Less imputed interest	4,243
Present value of lease liabilities	$ 297,830

NOTE 10 - REFUNDABLE ADVANCES

Refundable advances totaling $316,902 and $443,742 at December 31, 2023 and 2022, respectively, primarily include grant funds received in advance from the New Hampshire Department of Health and Human Services for community-based voluntary services and American Rescue Plan Act funds. Revenues will be recognized as the conditions of the grants are met.

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NOTE 11 - DEFERRED LOANS – NHHFA

Deferred loans at December 31, 2023 and 2022 were comprised of the following:

Note payable to the New Hampshire Housing and Finance Authority (NHHFA) dated June 7. 2005. The face amount of the note is $550,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Dover, New Hampshire. In line with the regulatory agreement related to the note payable, the Organization has remitted to NHHFA funds to establish an operating and replacement reserve. The balance of this reserve is reported as restricted cash on the Consolidated Statement of Financial Position. The restricted cash balance related to this note as of December 31, 2023 and 2022 totaled $30,255 and $33,336, respectively.

Note payable to the NHHFA dated May 22, 2007. The face amount of the note is $700,000, does not require the payment of interest, and is due in 30 years. The note is secured by real estate located in Manchester, New Hampshire. In line with the regulatory agreement related to the note payable, the Organization has remitted to NHHFA funds to establish an operating and replacement reserve. The balance of this reserve is reported as restricted cash on the Consolidated Statement of Financial Position. The restricted cash balance as of December 31, 2023 and 2022 related to this note totaled $40,389 and $43,420, respectively.

NOTE 12 - ENDOWMENT FUNDS

TYPES OF FUNDS

The Organization's endowment consists of various individual funds established for a variety of purposes. The endowment includes both donor-restricted funds and funds designated by the Board of Trustees to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Trustees to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

Board-Designated Endowment

As of December 31, 2023 and 2022, the Board of Trustees had designated $16,173,416 and $14,896,850, respectively, of net assets without donor restrictions as a general endowment fund to support the mission of the Organization.

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NOTE 12 - ENDOWMENT FUNDS (CONTINUED)

TYPES OF FUNDS (CONTINUED)

Donor-Designated Endowments

The Board of Trustees of the Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date for donor-restricted perpetual endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as perpetually restricted net assets (a) the original value of gifts donated to the endowment, (b) the original value of subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added. The remaining portion of the donor-restricted endowment fund that is not classified as perpetually restricted is classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Organization, and (7) the Organization's investment policies.

FUNDS WITH DEFICIENCIES

The Organization considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund, and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Organization complies with UPMIFA and has interpreted UPMIFA to permit spending from underwater funds in accordance with prudent measures required under the law. The Organization had no underwater endowment funds at December 31, 2023 or 2022.

INVESTMENT POLICY

The Organization has adopted an investment and spending policy to ensure a total return (income plus capital change) necessary to preserve and enhance the principal of the fund and, at the same time, provide a dependable source of support for current operations and programs. The withdrawal from endowment funds in support of current operations is expected to remain a constant percentage of the endowment funds, adjusted for new gifts to the endowment fund.

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NOTE 12 - ENDOWMENT FUNDS (CONTINUED)

INVESTMENT POLICY (CONTINUED)

In recognition of the prudence required of fiduciaries, reasonable diversification is sought where possible. Experience has shown financial markets and inflation rates are cyclical and, therefore, control of volatility will be achieved through investment styles. Asset allocation parameters have been developed for various funds within the structure, based on investment objectives, liquidity needs, and time horizon for intended use.

Measurement of investment performance against policy objectives will be computed on a total return basis, net of management fees and transaction costs. Total return is defined as dividend or interest income plus realized and unrealized capital appreciation or depreciation at fair market value.

SPENDING POLICY

The Organization's spending policy rate is a percentage of the average total endowment value over the trailing 12 quarters with a 1% contingency margin with Board approval. This includes interest and dividends paid out to the Organization. In 2023 and 2022, the approved rate was 5.00%.

CHANGES IN ENDOWMENT NET ASSETS

The net asset composition of endowment net assets as of December 31, 2023 and changes in endowment net assets for the year ended December 31, 2023 were as follows:

		With Donor Restrictions				
	Without Donor Restrictions	Purpose Restricted	Cumulative Appreciation	Perpetually Restricted	Total	Total Endowment Net Assets
Endowment net assets, beginning of year	$ 14,896,850	$ 1,133,668	$ 788,401	$ 1,749,850	$ 3,671,919	$ 18,568,769
Contributions	--	--	--	34,963	34,963	34,963
Appropriations from endowment	(868,594)	--	(80,643)	--	(80,643)	(949,237)
Temporary appropriation for purpose-restricted net assets	(381,895)	381,895	--	--	381,895	--
Investment income, net	2,527,055	--	420,488	--	420,488	2,947,543
Endowment net assets, end of year	$ 16,173,416	$ 1,515,563	$ 1,128,246	$ 1,784,813	$ 4,428,622	$ 20,602,038

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NOTE 12 - ENDOWMENT FUNDS (CONTINUED)

CHANGES IN ENDOWMENT NET ASSETS (CONTINUED)

The net asset composition of endowment net assets as of December 31, 2022 and changes in endowment net assets for the year ended December 31, 2022 were as follows:

	Without Donor Restrictions	With Donor Restrictions				Total Endowment Net Assets
		Purpose Restricted	Cumulative Appreciation	Perpetually Restricted	Total	
Endowment net assets, beginning of year	$ 18,842,135	$ 1,678,535	$ 1,327,161	$ 1,678,601	$ 4,684,297	$ 23,526,432
Contributions	--	--	--	71,249	71,249	71,249
Appropriations from endowment	(842,559)	--	(89,703)	--	(89,703)	(932,262)
Temporary appropriation for purpose-restricted net assets	544,867	(544,867)	--	--	(544,867)	--
Investment loss, net	(3,647,593)	--	(449,057)	--	(449,057)	(4,096,650)
Endowment net assets, end of year	$ 14,896,850	$ 1,133,668	$ 788,401	$ 1,749,850	$ 3,671,919	$ 18,568,769

NOTE 13 - NET ASSETS

NET ASSETS WITHOUT DONOR RESTRICTIONS

Net assets without donor restrictions were comprised of the following at December 31, 2023 and 2022:

	2023	2022
Undesignated net assets	$ 8,739,373	$ 6,588,866
Board-designated ERTC funds	4,261,566	--
Board-designated endowment	16,173,416	14,896,850
Total	$ 29,174,355	$ 21,485,716

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NOTE 13 - NET ASSETS (CONTINUED)

NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions were comprised of the following at December 31, 2023 and 2022:

	2023	2022
Subject to expenditure for specified purpose:		
Camp	$ 7,689	$ 59,441
Family support	124,891	77,825
Family resource center	341,896	236,029
Homecare	231,618	151,410
Other projects	104,158	12,544
Runaway and homeless youth	698,184	581,804
The Children's Place	7,127	14,615
	1,515,563	1,133,668
Accumulated earnings restricted by donors for:		
General operations	189,575	158,281
Camp operations	386,004	252,769
Other purposes	552,667	377,351
	1,128,246	788,401
Original gift restricted by donors for:		
General operations	136,529	136,532
Camp operations	581,042	548,183
Other purposes	1,067,242	1,065,135
	1,784,813	1,749,850
Not subject to spending policy or appropriation:		
Beneficial interest in trusts	2,165,143	2,020,741
Total	$ 6,593,765	$ 5,692,660

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NOTE 13 - NET ASSETS (CONTINUED)

NET ASSETS WITH DONOR RESTRICTIONS (CONTINUED)

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended December 31, 2023 and 2022:

	2023	2022
Satisfaction of purpose restrictions:		
Camp	$ 66,451	$ 46,947
Runaway and homeless youth	2,450,535	1,918,666
Family support	181,115	233,742
Homecare	456,292	339,340
Family resource center	158,981	234,362
Other projects	143,893	150,258
The Children's Place	81,205	42,806
	3,538,472	2,966,121
Restricted purpose spending-rate distributions and appropriations:		
General operations	17,039	15,259
Other purposes	63,604	74,444
	80,643	89,703
Total	$ 3,619,115	$ 3,055,824

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NOTE 14 - CONTRIBUTED NONFINANCIAL ASSETS

The Organization received the following contributions of nonfinancial assets for the years ended December 31, 2023 and 2022:

	Revenue Recognized		Utilization in	Valuation Techniques
	2023	2022	Programs/Activities	and Inputs
Food	$ 44,631	$ 27,599	Family Preservation & Strenthening, Homecare, and Homeless Youth & Young Adults.	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Supplies	5,399	11,751	Administration, Family Preservation & Strenthening, and Homeless Youth & Young Adults.	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Storage	--	297	Homeless Youth & Young Adults	Valued at the estimated fair value based on current rates for similar storage space.
Toys	2,617	777	Family Preservation & Strenthening	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Services	10,841	4,057	Family Preservation & Strenthening	Contributed professional services are valued at the estimated fair value based on current rates for similar services.
Items for assistance to individuals	14,248	4,055	Early Childhood & Family Support and Homeless Youth & Young Adults	U.S. retail prices of identical products using pricing data under a 'like-kind' methodology considering the good's conditions and utility for use at the time of contribution.
Total	$ 77,736	$ 48,536		

There were no associated donor restrictions with the above contributed nonfinancial assets.

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NOTE 15 - EMPLOYEE RETENTION TAX CREDIT (ERTC)

The Employee Retention Tax Credit (ERTC), established as part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), enacted March 27, 2020, amended by the Consolidated Appropriations Act, 2021 (CAA), enacted on December 27, 2020, and further amended by the American Rescue Plan Act (ARPA), enacted March 11, 2021, provides for financial relief to eligible employers through refundable tax credits. The ERTC is a refundable tax credit against certain employment taxes equal to 70% of eligible wages and certain health insurance benefits up to $28,000 per employee and $10,000 per quarter through September 30, 2021. Eligible employers can get immediate access to the credit by reducing employment tax deposits they are otherwise required to make. Employers are eligible if they operate a trade or business during January 1, 2021 through September 30, 2021 and experience either: 1) full or partial suspension of the operation of their trade or business during this period because of governmental orders limiting commerce, travel or group meetings due to COVID-19, or 2) decline in gross receipts in a calendar quarter in 2021 where the gross receipts of that calendar quarter are less than 80% of the gross receipts in the same calendar quarter in 2019. For the year ended December 31, 2023, the Organization recognized $4,736,776 of ERTC as income, net of $680,912 of applicable expenses.

NOTE 16 - ASSISTANCE TO INDIVIDUALS

Assistance to individuals was comprised of the following for the years ended December 31, 2023 and 2022:

	2023	2022
Payment to parents of foster children	$ 13,317	$ 79,831
Housing assistance to youth at risk of homelessness	388,607	259,436
Gift cards provided to families during holiday season	45,000	50,000
Food for at risk youth	100,322	36,872
In-kind assistances	77,736	48,536
Other assistance such as medical, childcare, transportation, and family activities	720,794	676,130
Total	$ 1,345,776	$ 1,150,805

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NOTE 17 - DEFINED CONTRIBUTION PLAN

The Organization maintains a 403(b) Thrift Plan (the Plan). The Plan is a defined contribution plan that all eligible employees may immediately make elective participant contributions to upon hire. A pretax voluntary contribution is permitted by employees up to limits imposed by the IRC and other limitations specified in the Plan. Contributions made to the Plan by the Organization for the years ended December 31, 2023 and 2022 totaled $160,453 and $121,399, respectively.

NOTE 18 - RELATED PARTY TRANSACTIONS

The Organization procures a portion of their legal services from a local law firm that employs an attorney who also serves on the Organization's Board of Trustees. The attorney Board member does not personally perform the legal services. For the years ended December 31, 2023 and 2022, the total legal expense paid to related parties was $55,702 and $10,190, respectively.

NOTE 19 - CONCENTRATION OF RISK

The majority of the Organization's grants are received from agencies of the State of New Hampshire. As such, the Organization's ability to generate resources via grants is dependent upon the economic health of that area and of the State of New Hampshire. An economic downturn could cause a decrease in grants that coincides with an increase in demand for the Organization's services.

NOTE 20 - SUBSEQUENT EVENTS

Subsequent events have been evaluated through May 20, 2024, the date the consolidated financial statements were available to be issued.

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WAYPOINT

CONSOLIDATED SCHEDULE OF OPERATING EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2023

	Family Preservation & Strengthening	Early Childhood & Family Support	Homeless Youth & Young Adults	Homecare	Advocacy	Camp	Total Program Services	Management and General	Fundraising	2023 Total
Personnel Expenses:										
Salaries and wages	$ 3,276,308	$ 3,406,925	$ 1,727,259	$ 1,081,739	$ 157,419	$ –	$ 9,649,650	$ 1,634,614	$ 309,418	$ 11,593,682
Employee benefits	668,164	636,824	314,704	99,446	4,388	–	1,723,526	176,591	37,744	1,937,861
Retirement plan	44,366	47,304	16,143	8,358	3,353	–	119,524	35,604	5,325	160,453
Payroll taxes and other	333,426	348,753	172,439	123,588	12,193	–	990,399	127,664	23,934	1,141,997
Subtotal personnel expense	4,322,264	4,439,806	2,230,545	1,313,131	177,353	–	12,483,099	1,974,473	376,421	14,833,993
Professional fees										
Accounting	–	–	75	–	–	–	75	45,570	–	45,645
Legal	–	–	–	–	–	6,784	6,784	70,873	–	77,657
Other professional fees	30,150	190,276	175,251	5,532	17,000	–	418,189	406,788	52,603	877,580
Subtotal professional fees	30,150	190,276	175,326	5,532	17,000	6,784	425,048	523,231	52,603	1,000,882
Assistance to individuals	281,676	389,772	628,737	37	3	–	1,300,225	551	45,000	1,345,776
Communications	68,431	53,962	49,394	18,090	1,629	57	191,563	47,124	6,242	244,929
Conferences, conventions, meetings, and trainings	8,098	44,336	2,246	271	2,143	67,907	125,001	39,610	8,667	173,278
Depreciation	75,495	99,794	176,047	12,968	4,502	542	369,348	198,363	6,964	574,675
Insurance	32,624	38,202	29,342	12,176	964	4,865	118,173	63,652	2,282	184,107
Interest	59,073	78,086	134,755	10,147	3,523	424	286,008	40,704	5,449	332,161
Membership dues	6,075	10,961	5,930	6,023	665	–	29,654	16,084	–	45,738
Miscellaneous	9,227	20,721	10,471	12,032	20	–	52,471	113,285	5,414	171,170
Occupancy	212,555	133,492	457,554	12,513	3,775	7,424	827,313	70,603	12,193	910,109
Printing and publications	2,055	8,203	2,465	1,624	55	–	14,402	48,572	59,996	122,970
Equipment rental and maintenance	92,750	56,765	38,234	421	34	429	188,633	212,005	1,127	401,765
Supplies	25,468	56,629	62,830	3,362	1,275	–	149,564	12,586	2,190	164,340
Travel	230,693	144,066	54,165	26,351	34	–	455,219	22,146	1,138	478,503
Total	$ 5,456,544	$ 5,765,071	$ 4,058,021	$ 1,434,678	$ 212,975	$ 88,432	$ 17,015,721	$ 3,382,989	$ 585,686	$ 20,984,396

See independent auditors' report.

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WAYPOINT

CONSOLIDATED SCHEDULE OF OPERATING EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 2022

	Family Preservation & Strengthening	Early Childhood & Family Support	Homeless Youth & Young Adults	Homecare	Advocacy	Camp	Total Program Services	Management and General	Fundraising	2022 Total
Personnel Expenses										
Salaries and wages	$ 2,933,799	$ 3,187,125	$ 1,135,714	$ 1,385,070	$ 127,338	$ --	$ 8,769,046	$ 1,441,503	$ 508,864	$ 10,719,413
Employee benefits	505,008	481,385	174,838	158,266	4,709	--	1,324,206	156,284	44,810	1,525,300
Retirement plan	29,154	39,168	11,168	10,704	1,840	--	92,034	20,467	8,898	121,399
Payroll taxes and other	298,323	323,621	107,985	134,035	9,505	--	874,069	112,764	39,253	1,026,086
Subtotal personnel expense	3,766,284	4,031,299	1,429,705	1,688,675	143,392	--	11,059,355	1,731,018	601,825	13,392,198
Professional fees:										
Accounting	--	--	75	--	--	--	75	51,055	--	51,130
Legal	--	1,656	--	--	--	388	2,044	16,617	--	18,661
Other professional fees	35,039	222,122	339,713	9,155	42,550	--	648,579	370,654	160,215	1,179,448
Subtotal professional fees	35,039	223,778	339,788	9,155	42,550	388	650,698	438,326	160,215	1,249,239
Assistance to individuals	324,486	374,691	400,529	349	--	16	1,100,071	717	50,017	1,150,805
Communications	63,406	51,845	50,477	17,468	1,136	12	184,344	32,935	12,811	230,090
Conferences, conventions, meetings, and trainings	20,785	48,452	6,601	1,868	8,183	46,929	132,818	49,868	2,628	185,314
Depreciation	59,324	100,813	110,886	48,113	1,579	--	320,715	170,620	8,600	499,935
Insurance	30,297	22,469	22,800	3,272	713	--	79,551	15,794	2,532	97,877
Interest	44,070	74,891	67,022	35,742	1,173	--	222,898	22,106	6,388	251,392
Membership dues	825	7,870	13,656	5,704	50	--	28,105	26,169	2,437	56,711
Miscellaneous	9,455	21,098	6,366	1,156	--	--	38,075	34,413	8,675	81,163
Occupancy	242,592	148,368	285,994	50,155	1,259	4,229	732,997	54,952	11,895	799,844
Printing and publications	4,873	17,729	4,446	267	2,373	--	29,688	29,232	67,493	126,413
Equipment rental and maintenance	79,252	26,162	50,974	1,341	37	--	157,766	174,987	8,806	341,559
Supplies	23,140	62,896	50,656	6,989	134	77	143,892	12,963	2,740	159,595
Travel	201,207	98,119	39,421	41,827	190	--	380,764	22,720	1,757	405,241
Total	$ 4,905,435	$ 5,310,480	$ 2,879,321	$ 1,912,081	$ 302,769	$ 51,651	$ 15,261,737	$ 2,816,820	$ 948,819	$ 19,027,376

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Trustees
Waypoint

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Waypoint, (the Organization), which comprise the consolidated statement of financial position as of December 31, 2023, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated May 20, 2024.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

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Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Marcum LLP

Merrimack, NH
May 20, 2024

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE

To the Board of Trustees
Waypoint

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Waypoint's (the Organization) compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended December 31, 2023. The Organization's major federal programs are identified in the summary of auditors' results section of the accompanying Schedule of Findings and Questioned Costs.

In our opinion, Waypoint complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2023.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States *(Government Auditing Standards);* and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization's compliance with the compliance requirements referred to above.

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Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material, noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Organization's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Organization's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Organization's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of

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compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the consolidated financial statements of Waypoint as of and for the year ended December 31, 2023, and have issued our report thereon dated May 20, 2024, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Marcum LLP

Merrimack, NH
May 20, 2024

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WAYPOINT

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2023

Federal Agency Cluster Pass through Agency Program Title	Federal AL Number	Pass Through Identifying Number	Federal Expenditures	Passed Through to Subrecipient
U.S. Department of Housing and Urban Development				
CDBG - Entitlement Grants Cluster				
Passed Through the City of Manchester				
Community Development Block Grants/Entitlement Grants	14.218	211023-M	$ 4,000	$ -
Passed Through the City of Rochester				
Community Development Block Grants/Entitlement Grants	14.218	Unknown	13,500	-
Total Community Development Block Grants/Entitlement Grants			17,500	-
Total CDBG - Entitlement Grants Cluster			17,500	-
Passed Through the City of Manchester				
Emergency Solutions Grant Program	14.231	211423	20,000	-
Emergency Solutions Grant Program	14.231	611024	44,500	-
Total Emergency Solutions Grant Program			64,500	-
Direct Federal Program				
Economic Development Initiative, Community Project Funding and Miscellaneous Grants	14.251	N/A	685,714	-
Direct Federal Program				
Continuum of Care Program	14.267	N/A	99,941	-
Passed Through the State of New Hampshire				
Continuum of Care Program	14.267	05-95-42-423010-7927	212,881	-
Continuum of Care Program	14.267	05-95-42-423010-79270000	172,336	-
Total Continuum of Care Program			485,158	-
Direct Federal Program				
Youth Homelessness Demonstration Program	14.276	N/A	331,696	43,745
Passed Through the State of New Hampshire				
Youth Homelessness Demonstration Program	14.276	05-95-42-423010-79270000	124,529	-
Total Youth Homelessness Demonstration Program			456,225	43,745
Total U.S. Department of Housing and Urban Development			1,709,097	43,745
U.S. Department of Justice				
Passed Through the NH Department of Justice				
Children of Incarcerated Parents	16.831	2021FCC01	136,176	33,190
Passed Through the Manchester Police Department				
Comprehensive Opioid, Stimulant, and Other Substances Use Program	16.838	Unknown	8,642	-
Total U.S. Department of Justice			144,818	33,190
U.S. Department of Treasury				
Passed Through the City of Manchester				
COVID-19 Coronavirus Relief Fund	21.019	611321	43,003	-
Passed Through the State of New Hampshire				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	Unknown	400,000	-
Passed Through the County of Rockingham				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	Unknown	10,000	-
Passed Through the County of Merrimack				
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027	Unknown	16,548	-
Total COVID-19 Coronavirus State and Local Fiscal Recovery Funds			426,548	-
Total U.S. Department of Treasury			469,551	-
U.S. Department of Small Business Administration				
Passed Through Merrimack Valley Day Care				
COVID-19 Disaster Assistance Loans	59.008	Unknown	8,818	-
Total U.S. Department of Small Business Administration			8,818	-
U.S. Department of Education				
Passed Through the City of Manchester				
Education for Homeless Children and Youth	84.196A	02370156-00	1,500	-
Education for Homeless Children and Youth	84.196A	2470149	500	-
Total Education for Homeless Children and Youth			2,000	-
Passed Through NH Department of Education				
Education Stabilization Fund	84.425W	06-56-56-562010-24920000-102-500734	178,627	109,934
Total U.S. Department of Education			180,627	109,934

The accompanying notes are an integral part of this schedule.

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WAYPOINT

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

Federal Agency Cluster Pass through Agency Program Title	Federal AL Number	Pass Through Identifying Number	Federal Expenditures	Passed Through to Sub-recipient
U.S. Department of Health and Human Services				
Aging Cluster				
Passed Through the NH Department of Health and Human Services				
Special Programs for the Aging, Title III, Part B, Grants for Supportive Services and Senior Centers	93.044	05-95-48-481010-9255	44,349	--
Total Aging Cluster			44,349	--
Passed Through the City of Manchester				
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)	93.104	6H79SM082210-04SM002	155,025	14,435
Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)	93.104	5H79SM082210-03	11,293	--
Total Comprehensive Community mental Health Services for Children with Serious Emotional Disturbances (SED)			166,318	14,435
Passed Through New Hampshire Children's Trust				
Injury Prevention and Control Community-Based Programs	93.136	SS-2022-DEHS-01-NEWHA-01-S03	72,769	--
Passed Through New Hampshire Children's Trust				
Health Department Response to Public Health or Healthcare Crisis	93.391	SS-2022-DEHS-01-NEWHA-01-S03	70,713	--
Passed Through the NH Division of Community and Public Health				
COVID-19 Health Department Response to Public Health or Healthcare Crisis	93.391	05-95-90-901010-5771	172,835	--
Total Health Department Response to Public Health or Healthcare Crisis			243,548	--
Direct Federal Program				
Transitional Living for Homeless Youth	93.550	N/A	473,598	--
Passed Through the NH Division of DCYF				
MaryLee Allen Promoting Safe and Stable Families Program	93.556	05-095-042-421010-29730000-102-500734-42107306	95,213	--
Passed Through New Hampshire Children's Trust				
MaryLee Allen Promoting Safe and Stable Families Program	93.556	SS-2022-DEHS-01-NEWHA-01-S03	20,959	--
Total MaryLee Allen Promoting Safe and Stable Families Program			116,172	--
Direct Federal Program				
Education and Prevention Grants to Reduce Sexual Abuse of Runaway, Homeless and Street Youth	93.557	N/A	286,642	--
Passed Through the NH Division of DCYF				
Temporary Assistance for Needy Families	93.558	05-095-045-45010-61460000-502-500731-45010206	496,534	--
Passed Through the NH Division of Economic Housing Stability				
Temporary Assistance for Needy Families	93.558	05-95-42-450010-61460000	75,000	--
Total Temporary Assistance for Needy Families			571,534	--
Passed Through New Hampshire Children's Trust				
Community Based Child Abuse Prevention Grant	93.590	2001NHBCAP	19,204	--
COVID-19 Community Based Child Abuse Prevention Grant	93.590	2001-NHBCC6	20,075	--
Total Community Based Child Abuse Prevention Grant			39,279	--
Direct Federal Program				
Basic Center Grant	93.623	N/A	171,676	--
Passed Through the NH Division of DCYF				
Stephanie Tubbs Jones Child Welfare Services Program	93.645	05-095-042-421010-29580000-102-500734-42106502	12,150	--
Passed Through Amoskeag Health				
Adoption Opportunities	93.652	05-95-4090-902010-7047	1,247	--
Passed Through the NH Division of DCYF				
Foster Care Title IV-E	93.658	05-95-042-421010-2958	126,682	--
Passed Through the NH Division of Community Based Care				
Social Services Block Grant	93.667	05-95-92-920010-7858	164,249	--
Passed Through the NH Division of DCYF				
Social Services Block Grant	93.667	05-095-042-421010-29580000-102-500734-42106503	226,370	30,500
Passed Through the NH Department of Health and Human Services				
Social Services Block Grant	93.667	05-95-48-481010-9255	432,622	--
Passed Through the NH Division of Long Term Supports and Services				
Social Services Block Grant	93.667	05-95-92-920010-7458	171,386	--
Total Social Services Block Grant			1,024,627	30,500
Passed Through the NH Division of Community and Public Health				
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	05-95-90-902010-2451	103,515	--
Maternal, Infant and Early Childhood Home Visiting Grant	93.870	05-95-90-902010-5856	940,768	--
Total Maternal, Infant and Early Childhood Home Visiting Grant			1,044,283	--
Passed Through the NH Division Long Term Supports and Services				
Maternal and Child Health Services Block Grant to the States	93.994	05-95-92-920010-5191	19,237	--
Passed Through the NH Division of DCYF				
Maternal and Child Health Services Block Grant to the States	93.994	05-095-042-421010-29580000-102-500731-42106503	15,740	--
Total Maternal and Child Health Services Block Grant			34,977	--
Medicaid Cluster				
Passed Through the NH Division of Long Term Supports and Services				
Medical Assistance Program	93.778	Unknown	155,913	--
Total Medicaid Cluster			155,913	--
Total U.S. Department of Health and Human Services			4,601,757	44,435
Total Federal Expenditures			$ 7,114,648	$ 281,304

The accompanying notes are an integral part of this schedule.

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WAYPOINT

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

FOR THE YEAR ENDED DECEMBER 31, 2023

NOTE 1 - BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of Waypoint, (the Organization) under programs of the federal government for the year ended December 31, 2023. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of Waypoint, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Waypoint.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited to reimbursement.

NOTE 3 - DE MINIMIS COST RATE

The Organization has elected not to use the 10-percent de minimis indirect cost rate as allowed under the Uniform Guidance.

NOTE 4 - DONATED PERSONAL PROTECTIVE EQUIPMENT (PPE) (UNAUDITED)

During the year ended December 31, 2023, the Organization did not receive donated PPE from federal sources.

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SCHEDULE OF FINDINGS AND QUESTIONED COSTS

FOR THE YEAR ENDED DECEMBER 31, 2023

SECTION I - SUMMARY OF AUDITORS' RESULTS

FINANCIAL STATEMENTS

Type of auditors' report issued on whether the financial statements audited were prepared in accordance with GAAP:	*Unmodified*

Internal control over financial reporting:

Material weakness(es) identified?	___ Yes	✓ No
Significant deficiency(ies) identified?	___ Yes	✓ None reported
Noncompliance material to financial statements noted?	___ Yes	✓ No

FEDERAL AWARDS

Internal control over major federal programs:

Material weakness(es) identified?	___ Yes	✓ No
Significant deficiency(ies) identified?	___ Yes	✓ None reported

Type of auditors' report issued on compliance for major federal programs:	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	___ Yes ✓ No

Identification of major federal programs:

NAME OF FEDERAL PROGRAM OR CLUSTER	*ASSISTANCE LISTING NUMBER(S)*
COVID-19 Coronavirus State and Local Fiscal Recovery Funds	21.027
Maternal, Infant, and Early Childhood Home Visiting Grant	93.870

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

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WAYPOINT

SCHEDULE OF FINDINGS AND QUESTIONED COSTS (CONTINUED)

FOR THE YEAR ENDED DECEMBER 31, 2023

SECTION II - FINANCIAL STATEMENT FINDINGS

None.

SECTION III - FEDERAL AWARDS FINDINGS AND QUESTIONED COSTS

None.

SECTION IV - SCHEDULE OF PRIOR YEAR FINDINGS

There were no findings in the prior year.

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Waypoint Trustees
2024

Janet Ackerman

Melissa Biron, Treasurer

Jennifer Cassin

William Conrad

Helen Crowe

Rob Dapice

Jane E. Gile, *Secretary*

Emily Hammond

Marc Lubelczyk

Marilyn T. Mahoney

Tawanna Meyers

Holly P. Mintz

Zach Palmer

Mark C. Rouvalis, *Chair*

Jennifer Stebbins, *Vice Chair*

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Borja Alvarez de Toledo, M.Ed.

[redacted]

Professional Profile

- A seasoned leader with more than 18 years of senior level non-profit management experience.
- Strong business acumen with emphasis on developing processes to ensure the alignment of strategy, operations, and outcomes with a strength based approach to leadership development.
- Collaborative leader using systemic and strategic framework in program development, supervision and conflict resolution.

Professional Experience

Waypoint, ***formerly Child and Family Services of New Hampshire***
Manchester, NH — December 2013- Present

~ President and CEO

- Responsible for program planning and development, insuring that Waypoint meets the community needs.
- Advance the public profile of Waypoint by developing innovative approaches and building productive relationships with government, regional and national constituencies.
- Acts as advisor to the Board of Directors and maintains relationships with the regional Boards
- Responsible for all aspects of financial planning, sustainability and oversight of Waypoint's assets
- Work with Development staff and Board of Directors to design and implement all fundraising activities, including cultivation and solicitation of key individuals, foundations and corporations

Riverside Community Care
Dedham, MA — 2009- 2013

~ Division Director, Child and Family Services

- Responsible for strategic vision, planning and implementation of the programmatic, operational and financial sustainability of a $17M division with more than 300 employees.
- In partnership with The Guidance Center, Inc.'s board of directors, played leadership role in successfully merging with Riverside Community Care, through a process that involved strategic planning, analysis and selection of a viable partner.
- Provide supervision to managers using a strength based approach and a collaborative coaching model to leadership development.

The Guidance Center, Inc.
Cambridge, MA — 1998 - 2009

~ Chief Operating Officer — 2007 - 2009

- Hired initially as Director of an intensive home-based family program and through successive promotions became responsible for all operations in the organization.
- Responsible for supervision of Division Directors, strategic planning and development of new initiatives.
- Developed strategic relationships with state and local funders, and partnered with community agencies to support the healthy growth of children and families.

Private Practice in Psychotherapy and Clinical Consultation
Madrid, Spain — 1992 - 1998

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Universidad Pontificia de Comillas
Madrid, Spain 1991 - 1998

~Adjunct Faculty

- Taught graduate level courses in Family and Couples Therapy program
- Practicum program supervisor: Supervised first year Master's Degree students through live supervision in the treatment of multi-problem families.

Centro Médico-Psicopedagógico
Madrid, Spain 1994 - 1997

~Clinical Coordinator/Director of Training.

- Member of a multi-disciplinary team that provided assessment and treatment to families victims of terrorism and had developed Post Traumatic Stress Disorder.

ITAD (Institute for Alcohol and Drug Treatment),
Madrid, Spain 1991- 1994

~ Senior Drug and Alcohol Counselor, Drug and Alcohol Program

- Provided evaluation and treatment for chemically dependent adults and their families.

~ Senior Family Therapist, Couples and Family Therapy Program

- Worked as a family therapist in the evaluation and treatment of adolescents and families.

Charles River Health Management
Boston, MA 1989 - 1991

~ Senior Family Therapist, Home Based Family Treatment Program.

Education

Graduate Certificate of Business
University of Massachusetts, Lowell, 2000.
Master's Degree in Education
Counseling Psychology Program. Boston University, 1989.
B.A. in Clinical Psychology
Universidad Pontificia de Comillas, Madrid, Spain. 1988

Publications

2009 Ayers,S & Alvarez de Toledo, B. Community Based Mental Health with Children and Families. In A. R. Roberts (Ed.) ,*Social Worker's Desk Reference* (2nd ed.),New York: Oxford University Press, 2009

2006 *Topical Discussion: Advancing Community-Based Clinical Practice and Research: Learning in the Field.* Presented at the 19th Annual Research Conference: A System of Care for Children's Mental Health: Expanding the Research Base, February 2006, Tampa, FL.

2001 Lyman, D.R.; Siegel, R.; Alvarez de Toledo, B.; Ayers, S.; Mikula, J. *How to be little and still think big: Creating a grass roots, evidence based system of care.* Symposium presented at the 14th Annual Research Conference in Children's Mental Health, Research and Training Center for Children's Mental Health, February 2001, Tampa, FL.

2006 Lyman, D.R., B. Alvarez de Toledo, *The Ecology of intensive community based intervention.* In Lightburn, A., P. Sessions. Handbook of Community Based Clinical Practice. Oxford University Press, 2006, England.

2001 Lyman, D.R., B. Alvarez de Toledo (2001) *Risk factors and treatment outcomes in a strategic intensive family program.* In Newman, .C, C. Liberton, K. Kutash and R. Friedman, (Eds.) A System of Care for Children's Mental Health: Expanding the Research Base (2002), pp. 55-58. Research and Training Center for Children's Mental Health, University of South Florida, Tampa, FL.

1994-98 Research papers and professional presentations in peer reviewed journals in Spain

Languages

Fluent in Spanish, French and Italian.

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COLLEEN M. IVES
[redacted]

CHIEF OPERATING OFFICER

Proactive executive with a formidable record of driving systemic change and business expansion. Nimble administrator with strategic planning, business process improvement, cost controls and performance management experience. Collaborative leader with inspirational and decisive management style who achieves exceptional, rather than expected, results. Catalyst for open communications towards a climate of learning to benefit company and individuals.

PROFESSIONAL EXPERIENCE

WAYPOINT, Manchester, NH ◦ 2018-Present
Statewide private nonprofit that works to advance the well-being of children and families through an array of community-based services.

Chief Operating Officer
- Oversees all aspects of program delivery including; fiscal and personnel management, quality assurance and program development

ROCKPORT MORTGAGE CORPORATION, Gloucester, MA • 2008-2017
Leading national lender of US Housing & Urban Development insured commercial loans in healthcare, multifamily and affordable housing sectors.

Vice President, Operations & Quality Control
- Report to principals with overall responsibility for achieving strategic objectives through oversight of the day-to-day operations of five multi-disciplinary underwriting teams by providing support at the transactional level as well as in the development of procedures and operating practices to match RMC's continued growth.
- Ensure RMC'S compliance with their federally mandated Quality Control Plan through employee development initiatives, monitoring of RMC'S operational practices while integrating new HUD directives into RMC'S existing best practices.

IVES DEVELOPMENT ASSOCIATES, Manchester, NH ◦ 2005-2016
Consultancy providing strategic planning and leadership development to public, private and nonprofit companies throughout New England.

Principal
Design and facilitate customized corporate retreats, including strategic planning sessions, executive and Board of Directors' training and development, creation or re-affirmation of vision, mission and values and efforts to re-align leadership around key priorities and future direction of the organization. Integrate opportunities to shift organizational culture to more open and candid communications.
- Led an 18-month comprehensive change initiative that:
  - Resulted in the development of a transition plan for the assimilation of an Interim Executive Director including an operations plan that aimed to recalibrate the culture;
- Transformed climate of accountability for a $55M client by implementing Balanced Scorecard strategic measurement system. Designed, coordinated and facilitated on-site internal and external analysis of 11 retail locations in 9 states, analyzing threats and weaknesses in business to build a platform for growth.

CAREER NOTE: Concurrent with consulting enterprise (2006 – 2010), designed and taught introductory and upper level psychology and sociology courses at Granite State College in Concord, Manchester and Portsmouth, New Hampshire.

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GRANITE STATE INDEPENDENT LIVING, Concord, NH ∘ 2001-2005
Statewide nonprofit offering long-term care, employment, transportation, advocacy, and other community-based services.

Acting Executive Director & Chief Operating Officer
Led internal operations, including service and program delivery, finance, human resources, fundraising and marketing. Transformed organization's culture by promoting a climate of excellence, systemic solutions and learning that benefited the organization and individual employees. Evaluated operational results and facilitated business processes and controls that promoted efficiency and internal information flow. Developed short- and long-range operating plans. Supported up to 14 management-level employees, staff of 90, and $13M annual operating budget. Held complete performance management authority as well as autonomy to engage in private and state/federal contracts.

- Increased revenue by 78% with more effective grant administration, successful applications for new competitive grants, initiating a comprehensive development / fundraising plan, and increasing the fee-for-service lines of business.
- Increased consumers served from 400 to 3,000+ individuals within three-year period by restructuring existing programs, developing new programs and increasing program accountability with monthly management reports.
- Established foundation for 36-month capacity building plan to enhance infrastructure and overall operations by conducting full organizational audit and successfully presenting to Board of Directors.
- Expanded services and leveraged long-term grant opportunity through company acquisition. Successfully integrated organizational cultures and business practices, including human resource policies, management teams and compensation/benefits.
- Recommended, designed and implemented internal controls and operating procedures for all departments (Human Resources, Finance, Public Relations/ Development, Long-Term Care, Community Living and Employment Services).
- Increased efficiency, raised credibility of financial reporting and reduced headcount by implementing state of the art technology with expertise of retained IT consultant.

NEW HAMPSHIRE DEPARTMENT OF EDUCATION, VOCATIONAL REHABILITATION, SERVICES FOR BLIND AND VISUALLY IMPAIRED, Concord, NH ∘ 1992-2000
Statewide organization providing Registry of Legal Blindness, Sight Services for Independent Living, Vocational Rehabilitation and a Business Enterprise program.

Statewide Director
Managed professional staff of 8 to deliver services that included 15 statewide rehabilitative support groups, career counseling and vending machine/food service enterprises in State and Federal buildings.

- Awarded $1.2M 3-year federal grant to provide peer support services in 15 locations across the state
- Led Department to highest rank in standards and benchmarks among 7 other regional offices.
- Enhanced team atmosphere by integrating 4 distinct statewide programs into a cohesive unit.
- Cultivated relationships and formal partnerships with various stakeholders in the statewide network of social and human services and employment arenas.

EDUCATION

Doctorate in Human and Organizational Systems
Master of Arts in Human Development
Fielding Graduate University, Santa Barbara, California

Master of Arts/CAGS in Rehabilitation Counseling
Bachelor of Arts in Psychology and Philosophy
Assumption College, Worcester, Massachusetts

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MELISSA ANNE HUGENER, OTR/L
[redacted]

PROFESSIONAL EXPERIENCE:

Program Director of Child Health and Wellness/Staff Occupational Therapist
Child and Family Services of NH, Exeter, NH **May 2003 – present**

- Supervision of Early Supports and Services and Partners in Health staff, assuring quality services to families, staff competence and adherence to federal and state mandates for provision of services
- Day to day management of ESS and PIH programs, coordinating staff meetings, recruiting and hiring for open positions, budgeting, maintenance of program databases, PQI planning and implementation, etc
- Coordination with One Sky and BDS to meet program requirements, and preparation of materials for Medicaid and State Monitoring Reviews
- Collaboration with other ESS Program Directors throughout NH, and other programs/committees (ICC, PIC, preschool programs, BDS personnel, etc) to enhance early childhood programming throughout the state, and involvement in several statewide workgroups and advisory committees to improve early childhood systems (such as SSECT, Strategic Planning Public Awareness group, Healthy Families America committee)
- Responsible for maintaining a full caseload of ESS clients, to evaluate and treat children with a wide range of medical and developmental disabilities, as well as working with families to connect them with other CFS and state or local programs to meet their needs

Staff Occupational Therapist
Developmental Therapy Services, Merrimack, NH **February 2002 – May 2003**

- Evaluation, treatment and service coordination for early intervention, clinic setting, and school-based populations, utilizing SI, developmental and biomechanical treatment techniques in group and individual therapy sessions; development of IFSPs and IEPs; classroom consultation and treatment in natural environments

Easter Seals Superior California, Sacramento, CA **January 2000 – January 2002**

- Assisted with the development of the Early Start program for EI services, developed an ongoing aquatic therapy class for families of children with special needs, served as a member of Management Information Systems Team (providing computer and network support to staff), and provided comprehensive, multidisciplinary assessments and ongoing therapy services in early intervention, clinic and school settings

Developmental Evaluation Center, Fayetteville, NC **May 1998 – November 1999**

- Provided comprehensive developmental assessments and treatment for children ages birth – 10, assisted with weekly feeding and augmentative communication assessments, participated in weekly Neonatal Developmental Assessment Clinic, and developed a Parent Resource Library

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EDUCATION AND CREDENTIALS:

Bachelor of Science in Occupational Therapy, Psychology Minor, Summa Cum Laude
University of Hartford, West Hartford, CT May 1998

- National Board Certification in Occupational Therapy
- OT License, State of NH Office of Allied Health Professions
- Current CPR/First Aid Certification
- Completion of NH Leadership Series
- Continuing Education and Advanced Practice in Sensory Integration and Processing, Feeding and Swallowing Disorders, Autism, Prematurity, Infant Mental Health and Assistive Technology

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Waypoint
Key Personnel

Name	Title	Salary	% charged to this Grant
Borja Alvarez de Toledo	CEO	$ 195,000	0%
Colleen Ives	COO	$ 146,057	0%
Melissa Hugener	Director	$ 91,798	20%

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ARC

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Lori A. Weaver
Commissioner

Iain N. Watt
Interim Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

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

March 12, 2024

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **Sole Source** amendments to existing contracts with the Contractors listed below **in bold** to continue providing home visiting services, by increasing the total price limitation by $132,023 from $9,656,948 to $9,788,971 with no change to the contract completion dates of September 30, 2024, effective upon Governor and Council approval. 100% General Funds.

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

Contractor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount	G&C Approval
Community Action Partnership of Strafford County Dover, NH	177200-B004	Rochester Catchment Area	$1,224,446	$0	$1,224,446	O: February 8, 2023, Item #39
Granite VNA, Inc. Concord, NH	**174069-R001**	**Conway Catchment Area**	**$1,055,241**	**$10,000**	**$1,065,241**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #26
The Family Resource Center at Gorham Gorham, NH	**162412-B001**	**Berlin and Littleton Catchment Areas**	**$1,805,113**	**$40,000**	**$1,845,113**	O: February 8, 2023, Item #39 A1: June 14, 2023, Item #27
Waypoint Manchester, NH	**177166-B002**	**Concord, Manchester, Seacoast& Southern Catchment Areas**	**$5,572,148**	**$82,023**	**$5,654,171**	O: February 8, 2023, Item #39
		Total:	$9,656,948	$132,023	$9,788,971	

Docusign Envelope ID: 36A88E85-2E28-4601-B898-DDB4320DFEEC

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

See attached fiscal details.

EXPLANATION

This request is **Sole Source** to allow the Department to add funding to amend the scope of services for one (1) of the Contractors, The Family Resource Center at Gorham, to add a Family Engagement Specialist. In addition, the Department is adding funding to increase staffing allocations for the other two (2) Contractors for fiscal management and oversight activities.

The purpose of this request is to increase the number of families enrolled and retained in home visiting services in the North Country by The Family Resource Center at Gorham by supporting a Family Engagement Specialist position. The Family Engagement Specialist will engage new and existing referral partners and maintain community and family relationships. In addition, the funding will allow Granite VNA and Waypoint to support staffing for fiscal management to comply with added reporting requirements in the current contract year.

Approximately 357 families will be served during State Fiscal Years 2024 and 2025.

The Contractors provide voluntary home visiting services to pregnant individuals and families with children up to five (5) years of age, by utilizing the Healthy Families America (HFA) evidence-based Home Visiting model and its Child Welfare protocols. This nationally recognized model demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. In addition, the HFA model has demonstrated a reduction in child maltreatment and family violence. HFA is currently being provided in every county in New Hampshire.

The Department will continue to monitor services through:

- Data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Quarterly data reviews of program performance across 19 federally defined performance measures.
- Quarterly review of data entered into model-specific tracking documents by the contractor to ensure fidelity to the requirements of the evidence-based model.
- Quarterly data reviews to ensure that at least seventy-five percent (75%) of expected home visits occur based upon the individual level of service to which each family is assigned.
- Annual sub-recipient monitoring site visits to ensure compliance with contract and model requirements, utilizing tools developed by the home visiting program and the Healthy Families America model.

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Should the Governor and Council not authorize this request, The Family Resource Center at Gorham will be unable to increase the number of families enrolled and retained in home visiting services in the North Country. In addition, Granite VNA and Waypoint will not have the ability to improve fiscal management and oversight activities.

Respectfully submitted,

Lori A. Weaver
Commissioner

Docusign Envelope ID: 36A88E85-2E28-4601-B898-DDB4320DFEEC

Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
PUBLIC HEALTH DIV, BUREAU OF FAMILY HEALTH & NUTRITION, HOME VISITING FORMULA GNT
96% Federal Funds 4% General Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00	$0.00	$192,620.00
2023	102-500731	Contracts for Program Services	90083208	$16,995.00	$0.00	$16,995.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$317,840.00	$0.00	$317,840.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00	$0.00	$79,410.00
			SUBTOTAL:	$606,865.00	$0.00	$606,865.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00	$0.00	$692,250.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00	$0.00	$950,000.00
2024	102-500731	Contracts for Program Services	90005896	$0.00	$54,682.00	$54,682.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00	$0.00	$237,500.00
2025	102-500731	Contracts for Program Services	90005896	$0.00	$27,341.00	$27,341.00
			SUBTOTAL:	$1,879,750.00	$82,023.00	$1,961,773.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00	$0.00	$80,533.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$340,529.00	$0.00	$340,529.00
2024	102-500731	Contracts for Program Services	90005896	$0	$8,667.00	$8,667.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$85,311.00	$0.00	85,311.00
2025	102-500731	Contracts for Program Services	90005896	$0	$3,333.00	$3,333.00
			SUBTOTAL:	$506,373.00	$10,000.00	516,373.00

The Family Resource Center at Gorham - Vendor #182412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00	$0.00	$269,729.00
2024	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00	$0.00	$378,354.00
2024	102-500731	Contracts for Program Svcs	90005896	$0	$33,571.00	$33,571.00
2025	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00	$0.00	$92,583.00
2025	102-500731	Contracts for Program Svcs	90005896	$0	$25,179.00	$25,179.00
			SUBTOTAL:	$740,666.00	$58,750.00	799,416.00
			Total:	$3,733,454.00	$150,773.00	$3,884,227.00

05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS:
BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS
100% Other Funds
Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00	$0.00	$108,000.00
			SUBTOTAL:	$108,000.00	$0.00	$108,000.00
			TOTAL:	$108,000.00	$0.00	$108,000.00

Fiscal Detail Sheet
Home Visiting Services
RFP-2023-DPHS-01-HOMEV

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified Budget	Increase (Decrease) Amount	Revised Modified Amount
2023	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00	$0.00	$68,714.00
2024	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00	$0.00	$50,000.00
2025	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00	$0.00	$56,532.00
			SUBTOTAL:	$175,246.00	$0.00	$175,246.00
			TOTAL:	$725,206.00	$0.00	$725,206.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-29580000, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% Federal Funds
Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00	$0.00	$199,673.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00	$0.00	$266,230.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00	$0.00	$66,557.00
			SUBTOTAL:	$532,460.00	$0.00	$532,460.00

Granite VNA - Vendor #174069-R001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$125,960.00	$0	$125,960.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$271,746.00	$0	$271,746.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$67,937.00	$0	$67,937.00
			SUBTOTAL:	$465,643.00	$0	$465,643.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00	$0	$164,133.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00	$0	$218,845.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00	$0	$54,711.00
			SUBTOTAL:	$437,689.00	$0	$437,689.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Current Modified	Increase (Decrease)	Revised Modified
2023	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00	$0.00	$1,102,682.00
2024	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00	$0.00	$1,470,242.00
2025	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00	$0.00	$367,560.00
			SUBTOTAL:	$2,940,484.00	$0.00	$2,940,484.00
			TOTAL:	$4,376,276.00	$0.00	$4,376,276.00
			GRAND TOTAL:	$9,658,948.00	$132,023.00	$9,788,971.00

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

This Amendment to the Home Visiting Services contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Waypoint ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on February 8, 2023 (Item #39), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

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

   $5,654,171

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

   1. This Agreement is funded by:

      1.1. 71% Federal funds from:

         1.1.1. 17% Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the United States Department of Health and Human Services (US DHHS), Health Resources and Services Administration (HRSA), Assistance Listing Number (ALN) 93.870, FAIN X10MC43595.

         1.1.2. 30% Maternal, Infant and Early Childhood Homevisiting Grant Program, as awarded on September 2, 2022, by the US DHHS, HRSA, ALN 93.870, FAIN X10MC46878.

         1.1.3. 3% American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC41935.

         1.1.4. 7% American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the US DHHS, HRSA, ALN 93.870, FAIN X11MC45263.

         1.1.5. 7% New Hampshire Intiative to Address COVID-19 Health Disparaties, as awarded on June 1, 2021, by the US DHHS, Centers for Disease Control and Prevention, ALN 93.391, FAIN NH75OT000031.

         1.1.6. 36% Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, by the US DHHS, ALN 93.658, FAIN 2201NHFOST.

      1.2. 27% General funds.

      1.3. 2% Other funds.

3. Modify Exhibit C, Payment Terms Section 7, to read:

   7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-3, SFY 2025 Budget Sheet - Amendment #1.

4. Modify Exhibit C-2, SFY 2024 Budget Sheet, by replacing it in its entirety with Exhibit C-2, SFY 2024 Budget Sheet – Amendment #1, which is attached hereto and incorporated by reference

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

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

State of New Hampshire
Department of Health and Human Services

3/26/2024
Date

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

Waypoint

3/26/2024
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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

OFFICE OF THE ATTORNEY GENERAL

3/27/2024
Date

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

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-2, SFY 2024 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *G&C Approval - June 30, 2024*
Indirect Cost Rate (if applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT AND GENERAL FUNDS	ARP - MIEC HOME VISITING
1. Salary & Wages	$567,423	$75,920
2. Fringe Benefits	$170,227	$22,776
3. Consultants	$17,622	$378
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	$27,600	$7,400
7. Software	$16,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training	$15,000	
8. (c) Other - Other (specify below)		
Phones	$17,051.00	
Occupancy	$24,854	
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	$855,777	$106,474
Total Indirect Costs	$148,905	$18,526
Subtotals	$1,004,682	$125,000
TOTAL		$1,129,682

Contractor Initials: DS BAT

Date: 4/17/2024

Exhibit C-3, SFY 2025 Budget Sheet - Amendment #1

New Hampshire Department of Health and Human Services

Contractor Name: *Waypoint*

Budget Request for: *Home Visiting Services*

Budget Period: *July 1, 2024 - September 30, 2024*

Indirect Cost Rate (if applicable): 17.40%

Line Item	HOME VISITING FORMULA GNT AND GENERAL FUNDS	ARP - MIEC HOME VISITIING
1. Salary & Wages	$154,704	$94,863
2. Fringe Benefits	$45,621	$26,389
3. Consultants	$3,500	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	$4,500	
7. Software	$4,005	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training		
8. (c) Other - Other (specify below)		
Organization Dues		
Occupancy	$12,448	
Phones	$810	
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	$225,589	$121,252
Total Indirect Costs	$39,252	$21,098
Subtotals	$264,841	$142,350
TOTAL		$407,191

Contractor Initials: BAT (DS)

Date: 4/17/2024

Docusign Envelope ID: 36A88E85-2E28-4601-B898-DDB4320DFEEC

DocuSign Envelope ID: FDCB9F08-7040-4E3D-9019-B04816280147

ARC

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Lori A. Weaver
Interim Commissioner

Patricia M. Tilley
Director

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

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

December 29, 2022

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, and the Division of Children, Youth and Families, to enter into **Retroactive** contracts with the contractors listed below in an amount not to exceed $8,847,771 to provide home visiting services, with the option to renew for up to four (4) additional years, effective retroactive to October 1, 2022, upon Governor and Council approval through September 30, 2024. 73.67% Federal Funds, 25.11% General Funds, 1.22% Other Funds.

Contractor Name	Vendor Code	Area Served*	Contract Amount
Community Action Partnership of Strafford County	177200-B004	Rochester Catchment Area	$1,224,446
Granite VNA, Inc.	177244-B002	Conway Catchment Area	$461,064
The Family Resource Center at Gorham	162412-B001	Berlin and Littleton Catchment Areas	$1,590,113
Waypoint	177166-B002	Concord, Manchester, Seacoast and Southern Catchment Areas	$5,572,148
		Total:	**$8,847,771**

* Note the Department did not receive vendor responses for some areas of the state and is currently in the process of re-soliciting for those remaining regions to ensure statewide coverage.

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

Because the Bridges System is used to process and monitor payments for these agreements, no purchase order number is assigned. The New Hampshire First System will not be used to encumber these funds. Depending on the eligibility of the client, funding type is determined at the time of the payment.

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See attached fiscal details.

EXPLANATION

This request is **Retroactive** to avoid any interruption in these services and to allow for continuity of care for families in these regions. This was a complex procurement collaboratively sought by the Division of Public Health Services and the Division for Children, Youth and Families with multiple funding sources. The Department needed additional time to confirm funding details and finalize the contracts and therefore did not have executed contracts in time to present to Governor and Council to prevent the previous contracts from expiring.

The purpose of this request is to provide home visiting services to pregnant individuals, and families with children up to age five (5), by utilizing the evidence-based home visiting model from Healthy Families America and its' Child Welfare Protocols. This nationally recognized program demonstrates positive outcomes for families in the areas of positive parenting practices, improved maternal and child health, improved school readiness, increased economic self-sufficiency and parental educational attainment, and increased linkages and referrals to valuable community resources. This model has also demonstrated reduction in child maltreatment and family violence Healthy Families America is currently being provided in every County in New Hampshire. The purpose of this request is to ensure continuity of services, while supporting expansion of the program, making it available to a broader population of families, including those involved in New Hampshire's child welfare system.

Approximately 354 individuals will be served during State Fiscal Years 2023, 2024, and 2025.

The Division of Public Health Services will monitor services by:

- Conducting monthly, quarterly, and annual data reviews to evaluate capacity utilization, service delivery by region, and demographic data to ensure equitable provision of services.
- Conducting quarterly and annual data reviews of program performance across 19 federally-defined performance measures.
- Reviewing data entered into model-specific tracking documents by each sub-contractor to ensure fidelity to the requirements of the evidence-based model.

The Division for Children, Youth, and Families will monitor services using the following performance measures:

[1] HFA Evidence of Effectiveness 2022 Website.pdf (healthyfamiliesamerica.org)

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- Referrals
  - Share of families who are referred to Healthy Families America form Division for Children, Youth and Families. (Number of families currently enrolled in Healthy Families America Child Welfare Protocols and percentage of Healthy Families America Child Welfare Protocol slots currently used.)
  - Share of Division for Children, Youth and Families-referred families that were enrolled between three (3) and twenty-four (24) months of age.
  - Share of Division for Children, Youth and Families-referred families with a recent assessment of a Substance Exposed Infant.
- Enrollments
  - Average time to enrollment from the time and date of referral.
  - Number of days from referral date to the first home visit.
  - Share of families that are offered Healthy Family America and percentage of offered families who decide to receive Healthy Family America.
  - Proportion of families that are retained in the program over specified periods of time, (3 months, 6 months, and every 6 months thereafter) after receiving a first home visit.
  - Proportion of families who receive at least seventy-five percent (75%) of the appropriate number of home visits based upon the individual level of service to which they are assigned.
- Program Completion
  - Share of families who do not complete the program, including, reason for non-completion and/or discharge.
  - Share of families that discharged who completed a minimum of specified periods of service. (Starting at 6 months, and every 6 months thereafter up until 36 months of service.)
- Short-term Outcomes
  - Share of families with a new case opened to the Division for Children, Youth and Families, or a new report of maltreatment, within 6 months after discharge.
  - Share of children who enter out-of-home placement within 6 months after discharge, including breakdown of placement type.
  - Share of children who enter any form of out-of-home placement within 12 months of discharge.
  - Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

The Department selected the contractors through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from June 29, 2022 through August 2, 2022. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

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As referenced in Exhibit A, of the attached agreements, the parties have the option to extend the agreements for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request over 200 New Hampshire families will experience a lapse in preventive services they've come to depend on, leaving vulnerable families without access to proven support for preventing child abuse and neglect, family violence, low birth weight, maternal depression, and developmental delays.

Source of Federal Funds: Assistance Listing Number # 93.870, FAIN # X1043595, X1046878, X1145263; Assistance Listing Number # 93.658, FAIN # (FFPSA) 2201NHFOST; and Assistance Listing Number # 93.391, FAIN # NH75OT000031

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

Respectfully submitted,

Lori A. Weaver
Interim Commissioner

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FISCAL DETAIL SHEET

SFY 23, 24 & 25 HOME VISITING SERVICES CONTRACTS

DIVISION OF PUBLIC HEALTH (DPHS) FUNDS

05-95-90-902010-5896 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF COMM & HEALTH SERV, HOME VISITING FORMULA GNT

100% FEDERAL CFDA #93.870 FAIN # X1043595, X1046878

Community Action Partnership of Strafford County - Vendor #177200-B004

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$192,620.00
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Services	90083208	$16,995.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$317,640.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$79,410.00
			SUBTOTAL:	$606,665.00

Waypoint - Vendor #177166-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$692,250.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$950,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$237,500.00
			SUBTOTAL:	$1,879,750.00

Granite VNA - Vendor #177244-B002

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$80,533.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$109,446.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$27,540.00
			SUBTOTAL:	$217,519.00

The Family Resource Center at Gorham - Vendor #162412-B001

State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083208	$269,729.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$378,354.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083210	$92,583.00
			SUBTOTAL:	$740,666.00
			Total of AU 5896	$3,444,600.00

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05-95-92-920510-3382 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: BEHAVIORAL HEALTH DIVISION, BUREAU OF DRUG & ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS

100% OTHER FUNDS

Waypoint - Vendor #177166-B002				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023	074-500589	Grants for Pub Asst and Rel	92057502	$108,000.00
			SUBTOTAL:	$108,000.00
			TOTAL OF AU 3382	$108,000.00

05-95-09-902010-5190 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC BUREAU OF COMM & HEALTH SERV, MATERNAL - CHILD HEALTH, HEALTH DIV

100% GENERAL FUNDS

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	102-500731	Contracts for Program Svcs	90004019	$56,250.00
2024 (7-1-23-6/30/24)	102-500731	Contracts for Program Svcs	90004019	$75,000.00
2025 (7/1/24-9/30/24)	102-500731	Contracts for Program Svcs	90004019	$18,750.00
			SUBTOTAL:	$150,000.00
			TOTAL OF AU 5190	$150,000.00

05-95-09-901010-5771 HEALTH AND SOCIAL SERVICES. HEALTH AND HUMAN SVCS, HHS: PUBLIC HEALTH DIV, BUREAU OF POLICY & PERFORMANCE, PH COVID-19 HEALTH DISPARITIES

100% FEDERAL FUNDS CFDA #93.391 FAIN#NH75OT000031

Waypoint - Vendor #177166-B002				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577160	$105,000.00
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$157,500.00
			SUBTOTAL:	$262,500.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Relief	90577150	$86,512.00
			SUBTOTAL:	$86,512.00
			TOTAL OF AU 5771	$349,012.00

05-95-90-902010-2451 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SERVICES, HHS: PUBLIC HEALTH DIV, BUEAU OF COMM & HEALTH SERV, ARP - MIEC HOME VISITING 100% FEDERAL FUNDS CFDA #93.870, FAIN# X1141935 & X1145263

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	**Class/Account**	**Class Title**	**Job Number**	**Budget Amounts**
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$17,532.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$54,231.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$13,558.00
			SUBTOTAL:	$85,321.00

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Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$114,064.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$125,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$142,350.00
			SUBTOTAL:	$381,414.00

Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class / Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$11,452.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$0.00
			SUBTOTAL:	$11,452.00

Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	074-500589	Grants for Pub Asst and Rel	90083206	$68,714.00
2024 (7-1-23-6/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$50,000.00
2025 (7/1/24-9/30/24)	074-500589	Grants for Pub Asst and Rel	90083207	$56,532.00
			SUBTOTAL:	$175,246.00
			TOTAL OF AU 2451	$653,433.00

DPHS SUBTOTAL: $4,705,045.00

DIVISION FOR CHILDREN, YOUTH AND FAMILIES (DCYF) FUNDS

05-95-042-421010-2958, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: HUMAN SERVICES DIV, CHILD PROTECTION, CHILD – FAMILY SERVICES
50% FEDERAL CFDA #93.658 FAIN # 2201NHFOST

Community Action Partnership of Strafford County - Vendor #177200-B004				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$199,673.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$266,230.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$66,557.00
			SUBTOTAL:	$532,460.00

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Granite VNA - Vendor #177244-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$87,035.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$116,046.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$29,012.00
			SUBTOTAL:	$232,093.00

The Family Resource Center at Gorham - Vendor #162412-B001				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$164,133.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$218,845.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$54,711.00
			SUBTOTAL:	$437,689.00

Waypoint - Vendor #177166-B002				
State Fiscal Year	Class/Account	Class Title	Job Number	Budget Amounts
2023 (10/1/22 - 6/30/23)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,102,682.00
2024 (7-1-23-6/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$1,470,242.00
2025 (7/1/24-9/30/24)	637-504181	TITLE IV-E FOSTER CARE SERVICE	42105869	$367,560.00
			SUBTOTAL:	$2,940,484.00
			Total of AU 2958	$4,142,726.00

DCYF SUBTOTAL: $4,142,726.00

COMBINED HOME VISITING SERVICES CONTRACT TOTAL:	$8,847,771.00

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

Project ID # RFP-2023-DPHS-01-HOMEV

Project Title Home Visiting Services

	Maximum Points Available	Community Action Partnership of Strafford County	Granite VNA, Inc.	The Family Resource Center at Gorham	Waypoint
Technical					
Experience	30	25	24	30	28
Organizational Capacity	35	30	29	33	30
Performance Improvement	25	20	22	24	24
Subtotal - Technical	90	75	75	87	82
Cost					
Budget Sheet (Appendix F & F-1)	5	3	3	4	3
Program Staff List (Appendix G)	5	3	3	4	4
Subtotal - Cost	10	6	6	8	7
TOTAL POINTS	100	81	81	95	89
TOTAL PROPOSED VENDOR COST		$1,064,920	$464,186	$1,750,754	$5,880,968

	Reviewer Name	Title
1	Gayleen Smith	Administrator III, Finance
2	Lisa Cacciola (Lampron)	Administrator II, DPHS Finance
3	Kristi Hart	Program Specialist IV, DPHS
4	Ashley Janos	Program Specialist IV, DCYF
5	Kelly McCormac	Assessment Supervisor IV, DCYF
6	Aurelia Moran	Supervisor V, DPHS

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

Subject: Home Visiting Services / RFP-2023-DPHS-01-HOMEV-04

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

AGREEMENT

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

GENERAL PROVISIONS

1. IDENTIFICATION.

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name Waypoint		1.4 Contractor Address 464 Chestnut Street, PO Box 448 Manchester, NH 03105	
1.5 Contractor Phone Number 603-518-4212	1.6 Account Number 05-095-090-902010-5896 05-095-092-920510-3382 05-095-090-901010-5771 05-095-090-902010-2451 05-095-042-421010-2958	1.7 Completion Date 9/30/2024	1.8 Price Limitation $5,572,148.00
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature DocuSigned by: Borja Alvarez de Toledo Date: 1/17/2023		1.12 Name and Title of Contractor Signatory Borja Alvarez de Toledo president and CEO	
1.13 State Agency Signature DocuSigned by: Patricia M. Tilley Date: 1/17/2023		1.14 Name and Title of State Agency Signatory Patricia M. Tilley Director	
1.15 Approval by the N.H. Department of Administration, Division of Personnel *(if applicable)* By: Director, On:			
1.16 Approval by the Attorney General (Form, Substance and Execution) *(if applicable)* By: DocuSigned by: Robyn Guarino On: 1/25/2023			
1.17 Approval by the Governor and Executive Council *(if applicable)* G&C Item number: G&C Meeting Date:			

Contractor Initials DS BAT
Date 1/17/2023

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

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

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

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

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

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

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8. EVENT OF DEFAULT/REMEDIES.

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

8.1.1 failure to perform the Services satisfactorily or on schedule;

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

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

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

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

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

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

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

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

9. TERMINATION.

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

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

10. DATA/ACCESS/CONFIDENTIALITY/ PRESERVATION.

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

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

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

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

12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.

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

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

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

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

14. INSURANCE.

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

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

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

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

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

15. WORKERS' COMPENSATION.

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

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

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

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

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

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

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

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

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

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

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

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EXHIBIT A

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Subparagraph 3.1; Effective Date/Completion of Services, is amended as follows:

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 as indicated in block 1.17, this Agreement, and all obligations of the parties hereunder, shall become effective October 1, 2022, ("Effective Date").

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

3.3. The parties may extend the Agreement for up to four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

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

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

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EXHIBIT B

Scope of Services

1. Introduction

1.1. The Contractor must provide services in accordance with Department requirements and the Healthy Families America (HFA) program, which is designed to reduce the risk of child maltreatment by strengthening parent-child relationships, promoting healthy childhood growth, and enhancing family functioning and protective factors. Families enroll voluntarily with HFA, and meet regularly with a Family Support Specialist and receive services tailored to their needs.

HFA is both culturally-inclusive and trauma-informed, and teaches parents about healthy child development and appropriate activities for keeping their child(ren) healthy and thriving. The Contractor must provide services to assist in:

- Increasing caregivers' ability to build attachments with their child(ren);
- Creating foundations for nurturing relationships;
- Enhancing family functioning through reducing risk and increasing protective factors; and
- Developing connections to additional resources, which include, but are not limited to:
  - Housing.
  - Food.
  - Various forms of treatment.
  - School readiness.
  - Childcare.
  - Access to diapers and other supplies.

1.2. The Department, through this Agreement, seeks to assess needs more holistically, and to create crucial linkages across systems that touch vulnerable populations to seamlessly connect them to supports and enhance available services at all levels of needs. The Department's Division of Public Health Services (DPHS) in conjunction with the Division for Children, Youth and Families (DCYF) are collaborating their efforts to achieve this goal. The Contractor must provide services using the HFA program to children and families on behalf of both Divisions.

1.3. For the purposes of this Agreement, all references to day(s) mean Monday through Friday, business days, excluding state and federal holidays.

2. Key Definitions & Terminology

New Hampshire Department of Health and Human Services
Home Visiting Services

EXHIBIT B

2.1. **Begin Date of Services** –The date the Contractor initiated contact with the client/family, and corresponds with the date listed as "begin date of services" on the Division for Children, Youth and Families (DCYF) Service Authorization Form.

2.2. **CPS** – Child Protective Services.

2.3. **CQI** – Continuous Quality Improvement.

2.4. **Cultural Humility** – Maintaining a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture. Rather what you learn about a participant's culture stems from being open to what they themselves have determined is their personal expression of their heritage and culture.

2.5. **CWP** – Child Welfare Protocols.

2.6. **DCYF** – Division for Children, Youth and Families.

2.7. **DHHS** – Department of Health and Human Services.

2.8. **DPHS** – Division of Public Health Services.

2.9. **DO** – District Office.

2.10. **Face-to-face** – An in-person or virtual interaction or home visit (defined below) following the date on which the referral was made in which a provider begins working with the families to deliver HFA.

2.11. **FFPSA** – Family First Prevention Services Act.

2.12. **FTE** – Full time equivalent is a figure calculated from the number of full-time and part-time employees in an organization that represents these workers as a comparable number of full-time employees.

2.13. **GGK** – Growing Healthy Kids is a user friendly and truly comprehensive strength-based approach to growing nurturing parent-child relationships and supporting healthy childhood development.

2.14. **HFA** – Healthy Families America.

2.15. **HFA model** – A well-supported practice that provides home visiting designed to work with families who may have histories of trauma, intimate partner violence, mental health challenge, and/or substance use disorders. HFA services are delivered voluntarily, intensively, and over the long-term.

2.16. **HFA BPS** – Healthy Families America Best Practice Standards.

2.17. **HFA CWP model** – A set of protocols that requires the existing model requirements be provided, while offering additional guidance related to enrollment, caseload management, and establishing a formal MOU with child welfare in order to best serve families. Services are offered for a minimum of three years, regardless of the age of the child at intake, and supports families

with children through age five, which allows sites to enroll families referred by child welfare up to age twenty-four months.

2.18. **HRSA** – Health Resource and Services Administration is the primary Federal agency for improving access to health care services for people who are uninsured, isolated, or medically vulnerable and the funding source of the MIECHV.

2.19. **MIECHV** – Maternal, Infant and Early Childhood Home Visiting – a program that supports pregnant individuals and families and helps at-risk parents of children from birth to kindergarten entry to tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn.

2.20. **MOU/MOA** – Memorandum of Understanding/Memorandum of Agreement – a written agreement between two (2) parties to provide certain services.

2.21. **Open Assessment** – Any report of concern received by DCYF that is screened in by DCYF's central intake, and is being investigated by child protection staff.

2.22. **Open Case** – Any case opened to DCYF, including community-based/internal voluntary cases.

2.23. **Out-of-Home Placement** – The removal of a child from their normal place of residence to reside in a court-ordered substitute care setting under the placement and care responsibility of DCYF.

2.24. **PAT** – Parents As Teachers – a foundational curriculum used as an approach to working with families that is relationship-based and parenting-focused.

2.25. **PII** – Personally Identifiable Information.

2.26. **QA** – Quality Assurance.

2.27. **Virtual Home Visit** - A home visit, as described in an applicable service delivery model that is conducted solely by the use of electronic information and telecommunications technologies.[1]

2.28. **Well-supported practice** – An evidence-based service that has at least two (2) contrasts, with non-overlapping samples in studies carried out in usual care or practice settings that achieve a rating of moderate or high on design and execution and demonstrate favorable effects in a target outcome domain. At least one (1) of the contrasts must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on at least one (1) target outcome.

3. Statement of Work

3.1. The Contractor must provide face-to-face voluntary home visiting services to

[1] Text - H.R.133 - 116th Congress (2019-2020): Consolidated Appropriations Act, 2021 | Congress.gov | Library of Congress

pregnant individuals and families with children up to age five (5) by utilizing the evidence-based home visiting model from HFA.

3.2. The Contractor must ensure a minimum of 80% of families served using the traditional HFA model are enrolled in services prenatally or by when the child is 3-months old. The Contractor must offer services in compliance with HFA requirements after enrollment. Eligible families for traditional HFA services (as managed by the Division of Public Heather Services) must fall within one (1) or more of the federally defined priority populations below:

3.2.1. Are first-time parents.

3.2.2. Have income of less than one hundred eighty-five percent (<185%) of the U.S. Department of Health and Human Services (USDHHS) Poverty Guidelines.

3.2.3. Are less than twenty-one (21) years of age.

3.2.4. Have a history of child abuse or neglect, or have had interactions with child welfare services.

3.2.5. Have a history of substance misuse or need substance use disorder treatment.

3.2.6. Are users of tobacco products in the home.

3.2.7. Have or have had a child(ren) with low student achievement.

3.2.8. Have a child(ren) with developmental delays or disabilities.

3.2.9. Are in families that include individuals who are serving or have formerly served in the armed forces.

3.3. The Contractor must service a portion of families utilizing the HFA Child Welfare Protocols (CWP) in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas, which is attached as Attachment 1. Virtual home visits may also be accommodated, in compliance with HFA requirements. The Contractor must ensure families being served utilizing the CWP have an expanded enrollment window, allowing for enrollment of families with a child up to twenty-four (24) months old, referred by the child welfare system, who are participating in the service voluntarily. The Contractor must serve no less than 24 DCYF families during the first six (6) months of the contract period and no less than 89 families thereafter through the end of the contract period.

3.4. The Contractor must serve families under the traditional HFA model by DCYF Catchment Area as follows: Concord - 16 families, Manchester - 36 families, Seacoast - 24 families, and Southern - 25 families.

3.5. Eligible families for HFA CWP services must fall within one (1) of more of the following DCYF FFPSA priority populations:

3.5.1. Pregnant or parenting youth in foster care.

3.5.2. Families with an infant born exposed to substances.

3.5.3. Families assessed by DCYF where the assessment will be closed unfounded.

3.5.4. Families with an open DCYF case who have recently reunified.

3.6. The Contractor must provide services with the goal of reducing risk of maltreatment for children assessed by the DCYF by:

3.6.1. Serving families involved with DCYF through open assessments or open cases, and also beyond their DCYF involvement.

3.6.2. Strengthening parent-child relationships.

3.6.3. Promoting healthy childhood growth.

3.6.4. Enhancing family functioning and protective factors both during and beyond their DCYF involvement with a long-term outcome goal of decreasing future system involvement and the need for out-of-home placement.

3.7. The Contractor must provide services that address the diverse needs of children and families in order to improve health and development outcomes for priority populations through evidence-based home visiting programs, with fidelity to the HFA model BPS. The Contractor must:

3.7.1. Be approved through the HFA model to provide services under this Agreement. The Contractor must:

3.7.1.1. Be approved through HFA, to implement the HFA CWP, which allows enrollment into HFA for DCYF referred families up to twenty-four (24) months of age.

3.7.1.2. Have HFA CWP available in the Concord, Manchester, Seacoast and Southern DCYF Catchment Areas within six (6) months of Governor and Executive Council approval of this Agreement.

3.7.1.2.1 Should the Contractor be unable to begin providing services through the HFA CWP by the date specified above, a corrective action plan must be developed by the Contractor and approved by the Department.

3.7.1.2.1.1. In the event that the HFA National Office denies the Contractor use of the CWP, the Contract must develop a subcontract or MOA with an approved, accredited HFA provider to provide this service, no later than

thirty (30) business days from the date of the denial.

3.7.2. Select and implement an evidence-based curriculum to support prenatal individuals and newly parenting families. Family Support Specialists (FSS) must be trained within six (6) months of hire on the following:

3.7.2.1. Parents as Teachers (PAT), as an annually trained "Approved user;" or

3.7.2.2. Growing Great Kids (GGK) with certification of training.

3.7.3. Collaborate with other early childhood and social service agencies to support linkages to services beneficial to families.

3.7.4. Ensure the twelve (12) critical elements that make up the essential components of the HFA model are addressed in agency policies.

3.7.5. Enter personally identifiable information (PII) for all participants served under this Agreement into the Department's designated Home Visiting Data System.

3.8. The Contractor must identify positive ways to establish relationships with each family and keep families engaged and connected over time, as participants may be reluctant to engage in services and may have difficulty building trusting relationships. The Contractor must use creative outreach strategies, such as Motivational Interviewing, to re-engage families who have disengaged.

3.9. The Contractor must adhere to HFA's site requirements by ensuring weekly individual supervision is received by all direct service staff.

3.10. The Contractor must provide monthly reflective consultation groups for direct service staff and supervisors with a skilled Infant Mental Health consultant.

3.11. The Contractor must offer home visits by licensed nurses (registered nurse (RN) or greater education level) during the prenatal and post-partum periods at a frequency of once per trimester prenatally, and once per quarter during the first year post-partum.

3.12. The Contractor must offer services that are comprehensive and focus on supporting the parent/caregiver, as well as supporting the parent-child interaction and child development. Additionally, all families must be linked to a medical provider and other services, as appropriate.

3.13. The Contractor must obtain all necessary authorizations for release of information. All forms developed for authorization for release of information must be made available for review by the Department during site visits for selected case reviews.

3.14. The Contractor must coordinate, where possible, with other local service providers including, but not limited to:

3.14.1. Health care providers.

3.14.2. Social workers.

3.14.3. Social services.

3.14.4. Early interventionists.

3.15. The Contractor must develop and maintain an advisory group comprised of community partners, family participants, and agency staff with a wide range of skills and abilities, including representatives with diverse skills, strengths, community knowledge, professions, and cultural diversity. The Contractor must:

3.15.1. Promote equity in all facets of operations with families, staff, and community.

3.15.2. Maintain policy or other written guidance expressing the Contractor's commitment to respectful staff interactions and supporting staff to continually strengthen their relational skills focused on diversity, equity, and inclusion.

3.15.3. Gather information to reflect on and better understand issues impacting staff and families served and to examine the effectiveness of its equity strategies.

3.15.4. Develop an equity plan based on what it learns about itself, from an equity perspective, in the way it supports its staff, the families it serves, and the community it works within to set a course for continuous improvement to achieve greater equity in all facets of its work.

3.16. The Contractor must evaluate the progress of each program participant, as well as the performance of programs and services provided.

3.17. The Contractor must ensure that they:

3.17.1. Collaborate with relevant DCYF staff and related stakeholders when a valid release of information has been signed or a subpoena has been issued by the court.

3.17.2. Make reports to DCYF Central Intake if they suspect child abuse or neglect, consistent with their responsibility, as mandated reporters under New Hampshire law.

3.18. The Contractor must actively and regularly collaborate monthly, with both Divisions, to enhance contract management, improve results, and adjust program delivery and policy, based on successful outcomes.

3.19. Compliance Standards

3.19.1. The Contractor must offer services to all families referred by the Department unless that family is identified as ineligible for HFA under

model specifications and requirements.

3.19.2. The Contractor must ensure referrals are accepted from multiple sources within the child welfare system including, but not limited to:

3.19.2.1. DCYF Juvenile Justice Services.

3.19.2.2. DCYF Child Protective Services (CPS).

3.19.3. The Contractor must adhere to all specifications and requirements, in compliance with NH DCYF's 5-year prevention plan and the Family First Prevention Service Act (FFPSA), for HFA CWP cases, including but not limited to:

3.19.3.1. All data reporting;

3.19.3.2. Record keeping and retention;

3.19.3.3. Fiscal compliance;

3.19.3.4. Maintenance of an evidence-based program identified as well-supported through the Title IV-E Clearinghouse;

3.19.3.5. Documented prevention type on the DCYF service authorization (which will be completed by the Department); and

Submitting a completed prevention plan every twelve (12) months for every DCYF- referred family. DCYF staff will complete the initial prevention plan for families, and the Contractor must update the plans at the 12-month mark and annually. The Department will distribute associated guidance after DCYF's 5-year plan is reviewed and approved.

3.19.4. The Contractor must collaborate with the Department to ensure that all program policies, procedures, and documents align with NH DCYF and DPHS policies, NH state law, and Department needs.

3.19.5. The Contractor must identify staff responsible for submitting reports and data to the Department within 30 days of the Agreement effective date.

3.20. Staffing:

3.20.1. The Contractor must follow all HFA Essential and Safety standards for staffing, hiring, training, and supervision, as outlined in HFA BPS.

3.20.2. The Contractor must ensure HFA home visiting staff have at least a high school diploma or equivalent, experience providing services to families, and knowledge of child development. Supervisors and Program Managers must have at least a Bachelor's degree with three (3) years prior experience.

3.20.3. The Contractor must ensure FSSs receive extensive training in the program model before delivering the service and on a recurring basis. Training must comply with all HFA model specifications and requirements, including but not limited to:

3.20.3.1. Attending a four-day core training that is specialized based on role (assessors, home visitors, and supervisors).

3.20.3.2. Supervisors attending one (1) additional day for the core training and an optional three (3) days of training that focuses on building reflective supervision skills.

3.20.3.3. Program managers are required to attend core training plus three (3) days of training focused on how to implement the model to fidelity using the HFA BPS.

3.20.4. The Contractor must ensure additional available training is beneficial to the staff in delivering HFA. Training and conferences topics must include but are not limited to:

3.20.4.1. Substance use.

3.20.4.2. Childhood Maltreatment (Abuse/Neglect).

3.20.4.3. Parenting techniques.

3.20.4.4. Cultural competence/humility.

3.20.4.5. Childhood and generational trauma (Trauma-Informed).

3.20.4.6. Engagement strategies.

3.20.5. The Contractor must ensure each Family Support Specialist (FSS) maintains a caseload of no more than ten (10) to twelve (12) families per one (1) FTE for the first two (2) years of employment and no more than fifteen (15) to twenty (20) families per one (1) FTE after completing 24 months of employment for traditional HFA; and no more than ten (10) to twelve (12) families at any time for HFA CWP. These caseload maximums shall be prorated per HFA requirements for staff with less than 40 hours per week dedicated to the role of FSS.

3.21. The Contractor must maintain HFA accreditation and follow all BPS related to hiring, staffing levels, training, and supervision among other components of the model.

3.22. Discharge from HFA services:

3.22.1. The Contractor must develop a discharge plan for each family, beginning at the time of admission and continuing throughout service.

3.22.2. The Contractor must not discharge any family referred by the Department without following a protocol specified by the Department.

3.23. Extending HFA services:

3.23.1. The Contractor must offer HFA Services to the child and family, for a minimum of three (3) years in total.

3.24. Reporting

3.24.1. The Contractor must complete a Monthly Capacity Analysis Report, which is attached as Attachment 2 on a form provided by the Department. This document must be submitted to DPHS no later than the 15th of each month, containing the prior month's data.

3.24.2. The Contractor, on a quarterly (January, April, July, and October) and annual (October) basis, must submit to DCYF:

3.24.2.1. Form 1, which is attached as Attachment 3.

3.24.2.2. Form 2, which is attached as Attachment 4.

3.24.3. The Contractor may be required to provide new data reporting requirements, or other key data and metrics including client-level demographic, performance, and service data to the Department in a format specified by the Department.

3.25. Background Checks

3.25.1. For all Contractor employees, interns, volunteers, and any subcontractor employees, interns, and volunteers providing services under this Agreement, the Contractor must, at its own expense, after obtaining a signed and notarized authorization form the individual(s) for whom information is being sought:

3.25.1.1. Submit the person's name for review against the Bureau of Elderly Adult Services (BEAS) state registry maintained pursuant to RSA 161-F:49;

3.25.1.2. Submit the person's name for review against the Division for Children, Youth and Families (DCYF) center registry pursuant to RSA 169-C:35;

3.25.1.3. Complete a criminal records check to ensure that the person has no history of:

3.25.1.3.1. Felony conviction; or

3.25.1.3.2. Any misdemeanor conviction involving:

3.25.1.3.2.1. Physical or sexual assault;

3.25.1.3.2.2. Violence;

3.25.1.3.2.3. Exploitation;

3.25.1.3.2.4. Child pornography;

3.25.1.3.2.5. Threatening or reckless conduct;

3.25.1.3.2.6. Theft;

3.25.1.3.2.7. Driving under the influence of drugs or alcohol; or

3.25.1.3.2.8. Any other conduct that represents evidence of behaviors that could endanger the well-being of any individual served under this Agreement; and

3.25.2. Unless approval is granted by the Department, the Contractor must not permit any employee, volunteer, intern, or subcontractor to provide services under this Agreement until the Contractor has confirmed:

3.25.2.1. The individual's name is not on the BEAS state registry;

3.25.2.2. The individual's name is not on the DCYF central registry;

3.25.2.3. The individual does not have a record of a felony conviction; or

3.25.2.4. The individual does not have a record of any misdemeanors as specified above.

3.26. Confidential Data

3.26.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Exhibit K, DHHS Information Security Requirements.

3.26.2. The Contractor must ensure any staff and/or volunteers involved in delivering services through this Agreement, sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Exhibit K. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

3.26.3. Upon request, the Contractor must allow the Department to conduct a Privacy Impact Assessment (PIA) of its system. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to asses, at minimum, the following:

3.26.3.1. How PII is gathered and stored;

3.26.3.2. Who will have access to PII;

3.26.3.3. How PII will be used in the system;

3.26.3.4. How individual consent will be achieved and revoked and

3.26.3.5. Privacy practices.

3.26.4. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

3.27. Contract End-of-Life Transition Services.

3.27.1. If applicable, upon termination or expiration of the Agreement, the Parties agree to cooperate in good faith to effectuate a smooth secure transition of the services from the Contractor to the Department and, if applicable, the Contractor engaged by the Department to assume the services previously performed by the Contractor for this section the new Contractor shall be known as ("Recipient"). Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the new Recipient to develop a Data Transition Plan (DTP) on a template provided by the Department.

3.27.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and their Affiliates to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure ("Internal IT Systems") of Contractor to the Internal IT Systems of the Recipient and cooperation with an assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.

3.27.3. If a system, database, hardware, software, and/or software license ("Tools") was purchased or created to manage, track, and/or store State Data in relationship to this Contract, said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of State Data is complete.

3.27.4. The internal planning of the Transition Services by the Contractor and its Affiliates must be provided to the Department and if applicable, the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Contract.

3.27.5. Should the Data Transition extend beyond the end of the Contract, the Contractor and its Affiliates agree Contract Information Security

Requirements, and if applicable, the Department's Business Associates Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.

3.27.6. In the event where the Contractor has comingled Department Data and the destruction of Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction.

3.28. Website and Social Media

3.28.1. Contractor agrees that if performance of services on behalf of the Department involves using social media or a website to solicit information of individuals, or Confidential data, the Contractor must work with the Department's Communication Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all of the Department's and NH Department of Information Technology's website and social media requirements and policies.

3.28.2. Contractor agrees that protected health information (PHI), personal identifiable information (PII), or other confidential information solicited either by social media or the website that is maintained, stored or captured must not be further disclosed, unless expressly provided in the Contract. The solicitation or disclosure of PHI, PII, or other confidential information is subject to the Information Security Requirements Exhibit, the Business Associates Agreement Exhibit and all applicable state rules and state and federal laws. Unless specifically required by the Contract and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation will not be tracked, disclosed or used for website or social medial analytics or marketing.

3.29. Performance Measures

3.29.1. For services provided for DPHS, the Department will monitor Contractor performance by reviewing indicated reporting requirements on Form 1, which is attached as Attachment 3, and Form 2, which is attached as Attachment 4, and working with the Contractor to select areas to improve upon utilizing CQI strategies through a data driven process.

3.29.2. For services provided for DCYF, the Department will focus on specific data points collected through its internal data systems, monthly, quarterly and annual submissions via email, and existing HFA data collection reports on DCYF Key Performance Metrics, which are attached as Attachment 5.

4. Exhibits Incorporated

4.1. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit I, Business Associate Agreement, which has been executed by the parties.

4.2. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit K, DHHS Information Security Requirements.

4.3. The Contractor must comply with all Exhibits D through K, which are attached hereto and incorporated by reference herein.

5. Additional Terms

5.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

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

5.3. Credits and Copyright Ownership

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

5.3.2. All materials produced or purchased under the Agreement must have

prior approval from the Department before printing, production, distribution or use.

5.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:

5.3.3.1. Brochures.

5.3.3.2. Resource directories.

5.3.3.3. Protocols or guidelines.

5.3.3.4. Posters.

5.3.3.5. Reports.

5.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

5.4. Operation of Facilities: Compliance with Laws and Regulations

5.4.1. In the operation of any facilities for providing services, the Contractor must comply with all laws, orders and regulations of federal, state, county and municipal authorities and with any direction of any Public Officer or officers pursuant to laws which must impose an order or duty upon the contractor with respect to the operation of the facility or the provision of the services at such facility. If any governmental license or permit must be required for the operation of the said facility or the performance of the said services, the Contractor will procure said license or permit, and will at all times comply with the terms and conditions of each such license or permit. In connection with the foregoing requirements, the Contractor hereby covenants and agrees that, during the term of this Agreement the facilities must comply with all rules, orders, regulations, and requirements of the State Office of the Fire Marshal and the local fire protection agency, and must be in conformance with local building and zoning codes, by-laws and regulations.

6. Records

6.1. The Contractor must keep records that include, but are not limited to:

6.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.

6.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original

evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.

6.1.3. Statistical, enrollment, attendance or visit records for each recipient of services, which records must include all records of application and eligibility (including all forms required to determine eligibility for each such recipient), records regarding the provision of services and all invoices submitted to the Department to obtain payment for such services.

6.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder the Department must retain the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

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Attachment 1:
DCYF Catchment Area Locations

Berlin
(650 Main Street Suite 200, Berlin NH 03570)

Serving the cities, towns, and locations of:

- Atkinson and Gilmanton Academy Grant
- Bean's Grant
- Bean's Purchase
- Berlin
- Bretton Woods
- Cambridge
- Carroll
- Cascade
- Chandlers Purchase
- Clarksville
- Colebrook
- Columbia
- Coos Junction
- Crawford's Purchase
- Crystal
- Cutt's Grant
- Dalton
- Dix's Grant
- Dixville
- Dummer
- Errol
- Ervings Location
- Fabyan Gorham
- Grange Greens Grant
- Groveton
- Hadley's Purchase
- Jefferson
- Kilkenny
- Lancaster
- Low and Burbank's Grant
- Maplewood
- Martin's Location
- Milan
- Millsfield
- North Stratford
- Northumberland
- Odell
- Percy
- Pinkham's Grant
- Pittsburg
- Randolph
- Riverton
- Sargent's Purchase
- Second College Grant
- Shelburne
- South Lancaster
- Stark
- Stewartstown
- Stratford
- Stratford Hollow
- Success
- Thompson & Meserve's Purchase
- Twin Mountain
- Wentworth's Location
- West Milan
- West Stewartstown
- Whitefield

Littleton
(80 North Littleton Road, Littleton, NH 03561)

Serving the cities, towns, and locations of:

- Apthorp
- Bath
- Benton
- Bethlehem
- Bethlehem Junction
- Center Haverhill
- East Haverhill
- Easton
- Franconia
- Glencliff
- Haverhill
- Landaff
- Lincoln
- Lisbon
- Littleton
- Livermore
- Lyman
- Monroe
- North Haverhill
- North Woodstock
- Pierce Bridge
- Piermont
- Pike
- Sugar Hill
- Warren
- Woodstock
- Woodsville

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Attachment 1:
DCYF Catchment Area Locations

Conway *(71 Hobbs Street, Conway NH 03818)*		
Serving the cities, towns, and locations of:		
▪ Albany	▪ Freedom	▪ Redstone
▪ Bartlett	▪ Glen	▪ Sanbornville
▪ Brookfield	▪ Granite	▪ Sandwich
▪ Center Conway	▪ Hale's Location	▪ Silver Lake
▪ Center Effingham	▪ Hart's Location	▪ Snowville
▪ Center Ossipee	▪ Intervale	▪ South Chatham
▪ Center Sandwich	▪ Jackson	▪ South Effingham
▪ Center Tuftonboro	▪ Kearsarge	▪ South Tamworth
▪ Chatham	▪ Madison	▪ Tamworth
▪ Chocorua	▪ Melvin Village	▪ Tuftonboro
▪ Conway	▪ Mirror Lake	▪ Union
▪ East Conway	▪ Moultonborough	▪ Wakefield
▪ East Wakefield	▪ Moultonville	▪ West Ossipee
▪ Eaton	▪ North Conway	▪ Wolfeboro
▪ Effingham	▪ North Sandwich	▪ Wolfeboro Falls
	▪ Ossipee	▪ Wonalancet

Claremont *(17 Water Street, Suite 301, Claremont NH 03743)*		
Serving the cities, towns, and locations of:		
▪ Acworth	▪ Georges Mills	
▪ Beauregard Village	▪ Goshen	▪ Orange
▪ Burkehaven	▪ Grafton	▪ Orford
▪ Canaan	▪ Grantham	▪ Plainfield
▪ Charlestown	▪ Guild	▪ South Acworth
▪ Claremont	▪ Hanover	▪ South Charlestown
▪ Cornish	▪ Langdon	▪ Springfield
▪ Cornish Flat	▪ Lebanon	▪ Sunapee
▪ Croydon	▪ Lempster	▪ Unity
▪ East Lempster	▪ Lyme	▪ Washington
▪ Enfield	▪ Lyme Center	▪ West Canaan
▪ Enfield Center	▪ Meriden	▪ West Lebanon
▪ Etna	▪ Mount Sunapee	▪ West Springfield
	▪ Newport	▪ West Unity

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Attachment 1:
DCYF Catchment Area Locations

Keene
(111 Key Road, Keene NH 03431)

Serving the cities, towns, and locations of:

- Alstead
- Antrim
- Ashuelot
- Bennington
- Chesterfield
- Deering
- Drewsville
- Dublin
- East Sullivan
- East Swanzey
- East Westmoreland
- Fitzwilliam
- Gilsum
- Greenfield
- Greenville
- Hancock
- Harrisville
- Hillsborough
- Hillsborough Upper Village
- Hinsdale
- Jaffrey
- Keene
- Marlborough
- Marlow
- Munsonville
- Nelson
- New Ipswich
- North Swanzey
- North Walpole
- Peterborough
- Richmond
- Rindge
- Roxbury
- Sharon
- Spofford
- Stoddard
- Sullivan
- Surry
- Swanzey
- Temple
- Troy
- Walpole
- West Chesterfield
- West Deering
- West Peterborough
- West Swanzey
- Westmoreland
- Westport
- Winchester
- Windsor

Laconia
(65 Beacon Street West, Laconia NH 03246)

Serving the cities, towns, and locations of:

- Alexandria
- Alton
- Alton Bay
- Ashland
- Barnstead
- Bear Island
- Belmont
- Bridgewater
- Bristol
- Campton
- Center Barnstead
- Center Harbor
- Dorchester
- East Holderness
- Ellsworth
- Gilford
- Gilmanton
- Gilmanton Corners
- Gilmanton Iron Works
- Glendale
- Governor Isle
- Groton
- Hebron
- Holderness
- Laconia
- Lakeport
- Lochmere
- Lower Gilmanton
- Meredith
- Meredith Center
- New Hampton
- North Sanbornton
- Plymouth
- Quincy
- Rumney
- Sanbornton
- Thornton
- Tilton
- Waterville Valley
- Weirs
- Wentworth
- West Alton
- West Rumney
- Winnisquam

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Attachment 1:
DCYF Catchment Area Locations

Concord *(40 Terrill Park Drive, Concord NH 03301)*		
Serving the cities, towns, and locations of:		
▪ Allenstown	▪ Epsom	▪ Penacook
▪ Andover	▪ Francestown	▪ Pinardville
▪ Blodgett Landing	▪ Franklin	▪ Pittsfield
▪ Boscawen	▪ Gerrish	▪ Potter Place
▪ Bow	▪ Goffstown	▪ Salisbury
▪ Bradford	▪ Gossville	▪ Short Falls
▪ Canterbury	▪ Henniker	▪ South Danbury
▪ Chichester	▪ Hill	▪ South Sutton
▪ Concord	▪ Hooksett	▪ Suncook
▪ Contoocook	▪ Hopkinton	▪ Sutton
▪ Danbury	▪ Loudon	▪ Warner
▪ Davisville	▪ New Boston	▪ Weare
▪ Dunbarton	▪ New London	▪ Webster
▪ East Andover	▪ Newbury	▪ Webster Lake
▪ East Concord	▪ North Sutton	▪ West Franklin
▪ East Sutton	▪ North Wilmot	▪ Wilmot
▪ Elkins	▪ Northfield	▪ Wilmot Flat
	▪ Pembroke	

Manchester *(1050 Perimeter, Suite 501, Manchester, NH 03103)*
Serving the city of: Manchester

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Attachment 1:
DCYF Catchment Area Locations

Rochester
(150 Wakefield Street Suite 22; Rochester NH 03867)

Serving the cities, towns, and locations of:

- Barrington
- Center Strafford
- Dover
- Durham
- East Rochester
- Farmington
- Gonic
- Lee
- Madbury
- Middleton
- Milton
- Milton Mills
- New Durham
- Rochester
- Rollinsford
- Strafford

Seacoast
(19 Rye St. Portsmouth, NH 03801)

Serving the cities, towns, and locations of:

- Auburn
- Brentwood
- Candia
- Danville
- Deerfield
- East Kingston
- Epping
- Exeter
- Fremont
- Greenland
- Hampton
- Hampton Beach
- Hampton Falls
- Kensington
- Kingston
- New Castle
- Newfields
- Newington
- Newmarket
- Newton
- Newton Junction
- North Hampton
- Northwood
- Nottingham
- Portsmouth
- Raymond
- Rye
- Rye Beach
- Seabrook
- Somersworth
- South Hampton
- Stratham
- West Nottingham

Southern
(26 Whipple St. Nashua, NH 03060)

<u>District Office</u> serving the cities, towns, and locations of:

- Amherst
- Bedford
- Brookline
- Hollis
- Hudson
- Litchfield
- Lyndeborough
- Mason
- Merrimack
- Milford
- Mont Vernon
- Nashua
- North Salem
- Pelham
- Reeds Ferry
- Salem
- Wilton
- Windham

<u>Southern Telework</u> serving the cities, towns, and locations of:

- Atkinson
- Chester
- Derry
- East Derry
- East Hampstead
- Hampstead
- Londonderry
- Plaistow
- Sandown

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Attachment 2 - Capacity Analysis Report

INTRODUCTION & NOTES	**CASELOAD AND CAPACITY ANALYSIS** - *to be completed for each month of the contract period.* This Excel tool has been adapted to streamline the caseload and capacity analysis and reporting processes for both the Local Implementing Agency and the State Team, and to standardize the way metrics are calculated across all LIAs. Please do not copy this workbook to use next month. Instead, open the file named for monthly data you are reporting (i.e. in early January, use the file named "2021.12.16 report December 2021 data"). Please do not change the name of the file when emailing the report to NH DPHS. The "New Home Visitor" tab has been designed for home visitors in their first 24 months to better accomodate new HFA BPS.
USE	1. Click on a home visitor worksheet (HV) tab, below. Enter the home visitor's information into the GREEN CELLS only: their Name, # hours per week paid by HFA, and % of HFA time as a home visitor. 2. Enter the number of families on each level that the home visitor saw in the reporting month. 3. Repeat Steps 1-2 for each home visitor allocated to HFA Home Visiting during the month, in the separate tabs provided. 4. If you have a home visitor position that is currently vacant, please indicate this using "RECRUITMENT" instead of the home visitor's name. 5. Click the "Capacity Analysis" worksheet tab to review the analysis for your Local Implementing Agency this month. NOTE: to optimize your case-assignment planning, use next month's workbook to model your family and case-weight numbers, and see what your performance results will be!
MAINTENANCE	**PLEASE FOLLOW IF YOUR FAMILY SERVICE WORKERS CHANGED IN THE REPORTING MONTH** If your HFA home visiting staff changed, but the number of HFA home visitors did not exceed 5, simply change the "Name of staff member" in Cell B2. Return to USE, Step 1. If the number of HFA home visitors during the reporting month was greater than 5, contact the State Team for technical assistance, OR: 1. Duplicate the last FSW worksheet tab (right-click, select "move or copy", click box "create a copy", move to "before Capacity Analysis") 2. Update formulas in the Capacity Analysis worksheet tab to include the new FSW worksheet: a. # families served, per case weight category (cells E3:I3) b. % of monthly home visitor capacity utilized (cells E7, F7) c. Service Utilization % (cells, E10, F10)

Note: The # of hours paid should be the salaried or expected contracted hours for HFA only, regardless of vacation days, out of office, sick, etc.
Note: The % of time spent home visiting should be the % of time - of the HFA hours recorded above - doing home visiting work. For FSWs who are NOT also doing FAW work, the % will be 100%
Once the green cells are filled, all orange fields and the Capacity Analysis worksheet will auto-calculate for the individual home visitors and for your LIA
If the total number of families or the total weighted caseload is above the maximum, the corresponding field will turn red

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	January 2022				Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs							
Hire Date (New Hire under 24 months emp)		6/28/2022										
Name of staff member					# of families with additional caseweight due to PSCs							
# hours per week worked for HFA only												
Of the hours above, % time as HFA home visitor												
Caseload multiplier	0.00											
Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space if		2.00	0							
Level TO2	re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals:	0		0	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION:	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION:	0.0%									

NOT APPLICABLE

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Hire Date (New Hire under 24 months emp)	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

6/28/2022

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

0 of families with additional caseweight due to PSCs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis Intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged. CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.										
Level CO1			2.00	0							
Level CO2			1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO; TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged. Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3			0.50	0							
Level TR			0.50	0							
	Actual totals	0		0							
	Maximum for fidelity	0		0							
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

CO1 is ineligible

Total additional PSC caseweights: 0

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

"Levels"	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with additional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weights
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level LSS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space		2.00	0							
Level TO2	if re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0							
	Maximum for fidelity	0		0							
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not applicable

Total additional PSC caseweights: 0

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with additional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0							0
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but became disengaged.										
Level CO1			2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.		1.00	0							
Level CO3			0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given the same caseweight they had prior to going on CO, to ensure space if re-engaged.										
Level TO1			2.00	0							
Level TO2			1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
Level TR			0.50	0							
	Actual totals			0	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not enrolled Mx

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level	# of families with additional caseweight due to PSCs: 0.5	1	1.5	2	2.5	3	Extra Case Weight
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0							0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0							0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0							0
Level 2	Visits every other week		1.00	0							0
Level 3	Visits once per month		0.50	0							0
Level 3SS	Crisis intervention - visits weekly, or more if needed		3.00	0							
Level 4	Visits once per quarter		0.25	0							
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one										
Level CO1	home visit but became disengaged.		2.00	0							
Level CO2	CO families are given the same caseweight they had prior to going on		1.00	0							
Level CO3	CO, to ensure space if re-engaged.		0.50	0							
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given										
Level TO1	the same caseweight they had prior to going on CO, to ensure space		2.00	0							
Level TO2	if re-engaged.		1.00	0							
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0							
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0							
	Actual totals	0		0	Total additional PSC caseweights						
	Maximum for fidelity	0		0	0						
	HFA CAPACITY CALCULATION	#DIV/0!									
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%									

not applicable

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Attachment 2 - Capacity Analysis Report

Month for Caseload Analysis	
Name of staff member	
# hours per week worked for HFA only	
Of the hours above, % time as HFA home visitor	
Caseload multiplier	0.00

Levels	Description	Number of Families on Level	Weight	Weighted Caseload per Level
Level 2P	Prenatal - visits every other week during first and second trimester		2.00	0
Level 1P	Prenatal - visits every week in third trimester (or earlier if needed)		2.00	0
Level 1	First 6 months after birth or enrollment - visits every week		2.00	0
Level 2	Visits every other week		1.00	0
Level 3	Visits once per month		0.50	0
Level 1SS	Crisis intervention - visits weekly, or more if needed		3.00	0
Level 4	Visits once per quarter		0.25	0
Creative Outreach (CO)	Creative Outreach (CO) is for families that completed at least one home visit but become disengaged.			
Level CO1	CO families are given the same caseweight they had prior to going on		2.00	0
Level CO2	CO, to ensure space if re-engaged.		1.00	0
Level CO3			0.50	0
Temporary Assignments (TO, TR)	Temporarily Out of Area (TO): for up to 3 months, families are given			
Level TO1	the same caseweight they had prior to going on CO, to ensure space		2.00	0
Level TO2	if re-engaged.		1.00	0
Level TO3	Temporary Re-Assignment (TR): for up to 3 months, families accept		0.50	0
Level TR	voluntary re-assignment to another FSW due to leave or turnover		0.50	0
	Actual totals	0		0
	Maximum for fidelity	0		0
	HFA CAPACITY CALCULATION	#DIV/0!		
	FSW Contribution to HRSA CAPACITY CALCULATION	0.0%		

Permanent Special Circumstances (PSC) families should be captured above at their level, AND in this section if they have any of the following: need an interpreter, have multiple births (twins, triplets, etc.), have significant additional travel time, or a child with special needs

# of families with additional caseweight due to PSCs							
0.5	1	1.5	2	2.5	3	Extra Case Weight(s)	
						0	
						0	
						0	
						0	
						0	

not applicable

Total additional PSC caseweights
0

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Attachment 2: Capacity Analysis Report

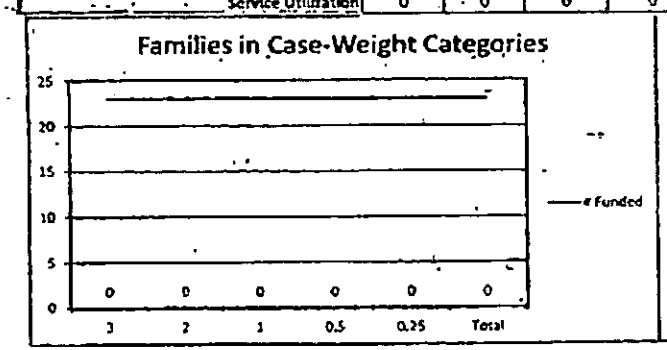
LIA MONTHLY CAPACITY ANALYSIS

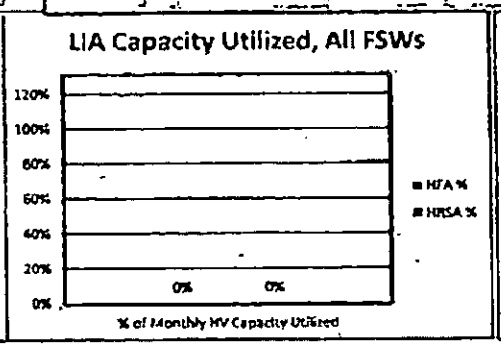
Case-Weight Categories:

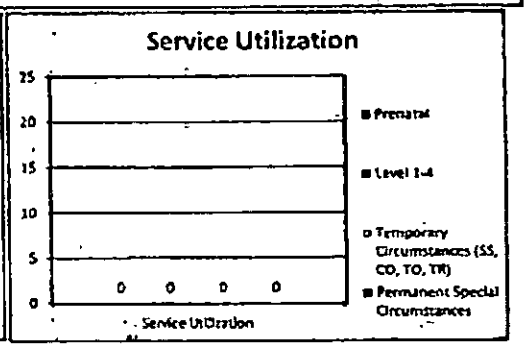
	3	2	1	0.5	0.25	Total
# Families Served per category	0	0	0	0	0	0
# Funded	23	23	23	23	23	23

% of Monthly HV Capacity Utilized	HFA %	HRSA %	Difference
	#DIV/0!	0%	#DIV/0!

Service Utilization	Prenatal	Level 1-4	Temporary	Permanent
	0	0	0	0







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OMB No: 0906-0017
Expiration Date: 07/31/2021

Attachment 3 - FORM 1

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

DEMOGRAPHIC, SERVICE UTILIZATION, AND SELECT CLINICAL INDICATORS

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 560 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

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OMB No: 0906-0017
Expiration Date: 07/31/2021

Attachment 3 - Form 1

SECTION A: PARTICIPANT DEMOGRAPHICS

Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV

Participants	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Pregnant Women			
Female Caregivers			
Male Caregivers			
All Adults (Auto Calculate)			
Female Index Children			
Male Index Children			
All Index Children (Auto Calculate)			

Notes:

Table 2: Unduplicated Count of Households Served by MIECHV

Households	Number Newly Enrolled	Number Continuing During Reporting Period	Total
Number of Households			

Notes:

Table 3: Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)

Participants and Households	Total Number Served during Reporting Period
Pregnant Women	
Female Caregivers	
Male Caregivers	
All Adults (Auto Calculate)	
Female Index Children	
Male Index Children	
All Index Children (Auto Calculate)	
Number of Households	

Notes:

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Attachment 3 - Form 1

Table 4: Adult Participants by Age

Adult Participants	≤17	18-19	20-21	22-24	25-29	30-34	35-44	45-54	55-64	≥65	Unknown/Did not Report*	Total
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 5: Index Children by Age

Index Children	<1 year	1-2 years	3-4 years	5-6 years	Unknown/Did not Report*	Total
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 6: Participants by Ethnicity

Participants	Hispanic or Latino	Not Hispanic or Latino	Unknown/Did not Report*	Total
Pregnant Women				
Female Caregivers				
Male Caregivers				
All Adults (Auto Calculate)				
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 7: Participants by Race

Participants	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	More than one race	Unknown/Did not Report*	Total
Pregnant Women								
Female Caregivers								
Male Caregivers								
All Adults (Auto Calculate)								
Female Index Children								
Male Index Children								
All Index Children (Auto Calculate)								

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 8: Adult Participants by Marital Status

Adult Participants	Never Married (Excluding Not Married but Living Together with Partner)	Married	Not Married but Living Together with Partner	Separated/Divorced/Widowed	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 9: Adult Participants by Educational Attainment

Adult Participants	Less than HS diploma	HS Diploma/GED	Some college/ training	Technical training or certification	Associate's Degree	Bachelor's Degree or higher	Other	Unknown/Did not Report*	Total
Pregnant Women									
Female Caregivers									
Male Caregivers									
All Adults (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 10: Adult Participants by Employment Status

Adult Participants	Employed Full Time	Employed Part-Time	Not employed	Unknown/Did not Report*	Total
Pregnant Women					
Female Caregivers					
Male Caregivers					
All Adults (Auto Calculate)					

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Attachment 3 - Form 1

Table 11: Adult Participants by Housing Status

	Not Homeless					Total Not Homeless	Homeless			Total Homeless	Unknown/Did not Report*	Total
Adult Participants	Owns or shares own home, condominium, or apartment	Rents or shares own home or apartment	Lives in public housing	Lives with parent or family member	Some other arrangement		Homeless and sharing housing	Homeless and living in an emergency or transitional shelter	Some other arrangement			
Pregnant Women												
Female Caregivers												
Male Caregivers												
All Adults (Auto Calculate)												

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 12: Primary Language Spoken at Home

Index Children	Number	Percent
English		
Spanish		
Other		
Unknown/Did Not Report*		
All Index Children (Auto Calculate)		**100**

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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Attachment 3 - Form 1

Notes:

Table 13: Household Income in Relation to Federal Poverty Guidelines

Households	Number of Households	Percent
50% and under		
51-100%		
101-133%		
134-200%		
201-300%		
>300%		
Unknown/Did not Report*		
All Households (Auto Calculate)		100

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 14: For Each Household Indicate the Priority Population Characteristics

Households	Yes	No	Unknown/Did not Report*	Total
1. Low income household				
2. Household contains an enrollee who is pregnant and under age 21				
3. Household has a history of child abuse or neglect or has had interactions with child welfare services				
4. Household has a history of substance abuse or needs substance abuse treatment				
5. Someone in the household uses tobacco products in the home				
6. Someone in the household has attained low student achievement or has a child with low student achievement				
7. Household has a child with developmental delays or disabilities				
8. Household includes individuals who are serving or formerly served in the US armed forces				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Attachment 3 - Form 1

SECTION B: SERVICE UTILIZATION

Table 15: Service Utilization

Home Visits	Number
Total Number of Home Visits completed	

Notes:

Table 16: Family Engagement by Household

Households	Number of Households	Percent
Currently receiving services		
Completed program		
Stopped services before completion		
Enrolled but not currently receiving services/Other		
Unknown/Did not Report*		
All Categories (Auto Calculate)		

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 17: Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach

Home Visiting Model (Select One per Row – Add Rows for Additional Models)	Number Newly Enrolled	Number Continuing During Reporting Period	Total

Notes:

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Attachment 3 - Form 1

SECTION C: INSURANCE AND CLINICAL INDICATORS

Table 18: Participants by Type of Health Insurance Coverage

Participants	No Insurance Coverage	Medicaid or CHIP	Tri-Care	Private or Other	Unknown/Did not Report*	Total
Pregnant Women						
Female Caregivers						
Male Caregivers						
All Adults (Auto Calculate)						
Female Index Children						
Male Index Children						
All Index Children (Auto Calculate)						

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

Table 19: Index Children by Usual Source of Medical Care

Index Children	Doctor's/Nurse Practitioner's Office	Hospital Emergency Room	Hospital Outpatient	Federally Qualified Health Center	Retail Store or Minute Clinic	Other	None	Unknown/Did not Report*	Total
Female Index Children									
Male Index Children									
All Index Children (Auto Calculate)									

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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Table 20: Index Children (≥ 12 months of age) by Usual Source of Dental Care

Index Children	Have a Usual Source of Dental Care	Do not have a Usual Source of Dental Care	Unknown/Did not Report*	Total
Female Index Children				
Male Index Children				
All Index Children (Auto Calculate)				

* When the percent of data that is "Unknown/Did not Report" is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Notes:

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DEFINITIONS OF KEY TERMS

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Table Number	Field	Key Terms Requiring Definitions
All Tables		**MIECHV Household:** For the purposes of reporting to HRSA on Form 1, a "MIECHV household" is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below: 1. Home Visitor Personnel Cost Method (preferred method): Households are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all households as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. 2. Enrollment Slot Method (temporary option): Households are designated as MIECHV households based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign households to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV. Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.
1	Unduplicated Count of New and Continuing Program Participants Served by MIECHV	**New Participant:** A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). **Continuing Participant:** A participant, including a pregnant woman, female caregiver, or male caregiver, who was signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). **Pregnant women** are participants who were either pregnant at enrollment or pregnant at the annual update of information in a subsequent reporting period. **Female caregivers** are those female household members who are enrolled in the program during the reporting period, are considered a caregiver of the index child, and were not pregnant at the time of enrollment or the annual update of this information (e.g., biological mothers, adoptive mothers, foster mothers, grandmothers).

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		Male caregivers include those male household members (e.g. expectant fathers, biological fathers, step-fathers, and partners) who also meet the definition of an enrollee. **Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
2	**Unduplicated Count of Household Served by MIECHV**	**New Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who signs up to participate in the home visiting program at any time during the reporting period. The household may include multiple caregivers depending on model-specific definitions. **Continuing Household:** A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period. The household may include multiple caregivers depending on model-specific definitions.
3	**Unduplicated Count of Participants and Households Served by State Home Visiting Programs (non-MIECHV)**	**Participant Served by a State Home Visiting Program (non-MIECHV):** A participant, including a pregnant woman, female caregiver, or male caregiver, who signs up to participate in the home visiting program at any time during the reporting period who was identified as being part of a non-MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms).
4	**Adult Participants by Age**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.
5	**Index Children by Age**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
6	**Participants by Ethnicity**	The responses regarding ethnicity should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. If ethnicity is unknown or not reported for some participants, enter that count in the respective "Unknown/Did not report" column.
7	**Participants by Race**	The responses regarding race should reflect what the person considers herself/himself to be and are not based on percentages of ancestry. Participants who select more than one race should be reported in the "More than one race" category. If ethnicity and race are unknown or not reported for some participants, enter that count in the respective "Unknown/Did not Report" columns.
8	**Adult Participants by Marital Status**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child.

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		If more than one individual is enrolled in the program, enter the status for all enrollees. For example, if a pregnant woman is enrolled with her spouse in the program, both participants would be counted under the married category.
9	**Adult Participants by Educational Attainment**	**Adult Participants:** includes the person or persons in the household who signed up to participate in the home visiting program (e.g., a teenage parent would be counted as an adult participant but not an index child). The category can include more than one member of the household if more than one individual are enrolled in the program (e.g., a father and a mother have both signed up to participate). It should include at a minimum for every household the primary caregiver of the index child. **Less than high school diploma** includes individuals who have not completed their high school education. The **Some college/training** category includes those who are currently enrolled and those who attended in the past. The **Technical training or certification** category includes those who received technical training or certification in the past. The **Associate's Degree** category includes those who obtained an Associate's Degree. The **Bachelor's Degree** category includes those who obtained a Bachelor's Degree. The **Other** category includes those individuals who did not fall into the specified categories.
10	**Adult Participants by Employment Status**	**Employed:** refers to whether the person is currently working for pay. **Employed Full Time:** an employee who works an average of at least 30 hours per week **Employed Part Time:** an employee who works an average of less than 30 hours per week[1] **Not Employed:** indicates that the person is not working for pay (this category may include, for example, students, homemakers and those enrollees actively seeking work but currently not employed)
11	**Adult Participants by Housing Status**	**Not homeless:** individuals who have a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and **Not homeless and lives in public housing:** individuals who live in a public housing unit that is administered by a public housing agency (excludes individuals who utilize housing voucher programs) **Homeless:** individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the McKinney-Vento Homeless Assistance Act); and

[1] Healthcare.gov Glossary. https://www.healthcare.gov/glossary/full-time-employee/

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		Homeless and sharing housing: individuals who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason **Homeless and living in an emergency or transitional shelter:** individuals who are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement **Homeless and some other arrangement:** individuals who are living in motels; hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; individuals who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); individuals who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings[2]
12	**Primary Language Spoken at Home**	**Primary language:** the language used in the home the majority of the time. **Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and was served by a trained home visitor implementing services with fidelity to the model who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified.
13	**Household Income in Relation to Federal Poverty Guidelines**	The appropriate category for a given family will depend both on household income and on the number of household members counted in the household (both home visiting enrollees and non-enrollees). Household income refers to the annual gross income for the household as defined in programmatic guidance, recorded at enrollment and annually thereafter. **Federal Poverty Guidelines:** Annual income data can be estimated from monthly data (monthly income x 12). The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines .
14	**For Each Household Indicate the Priority Population Characteristics**	**Low-Income:** An individual or family with an income determined to be below the Federal Poverty Guidelines. The HHS Poverty Guidelines are updated annually in February and published in the Federal Register. See https://aspe.hhs.gov/poverty-guidelines. **Pregnant women under 21:** Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period. **Have a history of child abuse or neglect or have had interactions with child welfare services:** Based on self-report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult.

[2] Administration for Children and Families, Early Childhood Learning and Knowledge Center, 2014. http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/family/Homelessness/hmls/definition/definition-legal.html

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		Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment. **Are users of tobacco products in the home:** Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS). **Have, or have children with, low student achievement:** Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement. **Have a child or children with developmental delays or disabilities:** Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability. **Are in families that are or have served in the armed forces:** Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.
15	**Service Utilization**	**Home visit** refers to the definition of a completed home visit enacted by the various evidence-based home visiting models approved for implementation through the MIECHV program or a Promising Approach. Please refer to model-specific guidance for specific definitions.
16	**Family Engagement by Household**	**Currently receiving services** refers to families that are participating in services at the end of the reporting period. **Completed program** refers to families who have completed the program according to model-specific definitions and criteria during the reporting period. **Stopped services before completion** refers to families who left the program for any reason prior to completion. **Enrolled but not currently receiving services/Other** refers to those families who do not fall into the previous categories and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)
17	**Unduplicated Count of Households by Evidence-Based Home Visiting Model or Promising Approach**	**A Household**, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of or during the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.

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18	**Participants by Type of Health Insurance Coverage**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. The insurance coverage categories are mutually exclusive. No insurance coverage indicates that the individual is currently not covered by any source of insurance. This table is intended to capture insurance status, not health care access: receipt of care provided for instance by the Indian Health Service or another safety net health care provider such as a Federally Qualified Health Center does not constitute insurance coverage.
19	**Index Children by Usual Source of Medical Care**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. **Usual source of care:** the particular medical professional, doctor's office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.
20	**Index Children (≥ 12 months of age) by Usual Source of Dental Care**	**Index Child (Birth – Kindergarten Entry):** the child (or children) in an individual household who is under the care of the enrollee(s) and who is enrolled in the program and who was identified as being part of a MIECHV household at enrollment (see definition of a MIECHV Household included at the beginning of the Definition of Key Terms). More than one index child per household can be identified. **Usual source of dental care:** a usual source of dental care, or dental home, is a place where a child can receive consistent, comprehensive, compassionate dental care. The concept of the Dental Home reflects the AAPD's clinical guidelines and best principles for the proper delivery of oral health care to all children, with a concentration on infant/age one patients and should be established no later than 12 months of age.[3]

[3] American Academy of Pediatric Dentistry. Dental Home Resource Center. http://www.aapd.org/advocacy/dentalhome/

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OMB No: 0906-0017
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THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

PERFORMANCE AND SYSTEMS OUTCOME MEASURES

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0017. Public reporting burden for this collection of information is estimated to average 200 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

July 19, 2018

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MEASURE 1

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: PRETERM BIRTH**	
2. **TYPE OF MEASURE** **Systems Outcome**	
3. **PERFORMANCE MEASURE** **Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preter following program enrollment**	
4. **SPECIFICATION** **NUMERATOR:** Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment **DENOMINATOR:** Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 2

1. **BENCHMARK AREA:-MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: BREASTFEEDING**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
4. **SPECIFICATION** NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 3

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: DEPRESSION SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
4. **SPECIFICATION** **NUMERATOR:** For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery **DENOMINATOR:** For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 4

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: WELL CHILD VISIT**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. **SPECIFICATION** **NUMERATOR:** Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule **DENOMINATOR:** Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 5

1. **BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH** **CONSTRUCT: POSTPARTUM CARE**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery**	
4. **SPECIFICATION** **NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery** **DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 6

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: TOBACCO CESSATION REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.	6.b. Value – Enter the number of cases missing from measure calculation:

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All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 7

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: SAFE SLEEP**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding**	
4. **SPECIFICATION** **NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding** **DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period**	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 8

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD INJURY**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting	
4. **SPECIFICATION** NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting DENOMINATOR: Number of children (index child) enrolled in home visiting	
5. **VALUE FOR REPORTING PERIOD (rate)** Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 9

1. **BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS** **CONSTRUCT: CHILD MALTREATMENT**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with at lenst 1 investigated case of maltreatment following enrollment within the reporting period**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 10

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: PARENT-CHILD INTERACTION	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-chil interaction by the home visitor using a validated tool DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. **NOTES**
8. **Measurement Tool-Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 11

1. **BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT** **CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES**	
2. **TYPE OF MEASURE** **Performance Indicator**	
3. **PERFORMANCE MEASURE** **Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day**	
4. **SPECIFICATION** **NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day** **DENOMINATOR: Number of children (index child) enrolled in home visiting**	
5. **VALUE FOR REPORTING PERIOD** (percentage) **Value:**	Numerator: Denominator:
6. **MISSING DATA*** **6.a. Definition** **Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.**	**6.b. Value – Enter the number of cases missing from measure calculation:**
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 12

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: DEVELOPMENTAL SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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8.
Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

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MEASURE 13

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: BEHAVIORAL CONCERNS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of postnatal home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. SPECIFICATION NUMERATOR: Number of postnatal home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning DENOMINATOR: Total number of postnatal home visits during the reporting period	
5. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
6. MISSING DATA 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. NOTES	

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MEASURE 14

1. **BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE** **CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING**	
2. **TYPE OF MEASURE** Performance Indicator	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	
4. **SPECIFICATION** NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA**[a] 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. NOTES
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 15

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: PRIMARY CAREGIVER EDUCATION**
2. **TYPE OF MEASURE** Systems Outcome
3. **PERFORMANCE MEASURE** Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) **DENOMINATOR:** Number of primary caregivers without a high school degree or equivalent at enrollment

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 16

1. **BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY** **CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. **SPECIFICATION** **NUMERATOR:** Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:
7. **NOTES**	

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MEASURE 17

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: COMPLETED DEPRESSION REFERRALS**	
2. **TYPE OF MEASURE** Systems Outcome	
3. **PERFORMANCE MEASURE** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	
5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA*** 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

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7. **NOTES**
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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MEASURE 18

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	
4. SPECIFICATION NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator) DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	
5. VALUE FOR REPORTING PERIOD (percentage)*: Value:	Numerator: Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if	6.b. Value – Enter the number of cases missing from measure calculation:

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eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure	

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MEASURE 19

1. **BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS** **CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS**
2. **TYPE OF MEASURE** Performance Indicator
3. **PERFORMANCE MEASURE** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources
4. **SPECIFICATION** NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment

5. **VALUE FOR REPORTING PERIOD** (percentage) Value:	Numerator: Denominator:
6. **MISSING DATA**[a] 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of	6.b. Value – Enter the number of cases missing from measure calculation:

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missing data should be excluded from the measure calculation.	
7. **NOTES**	
8. **Measurement Tool Utilized** Indicate the validated measurement tool(s) utilized to address this measure	

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DEFINITIONS OF KEY TERMS

July 19, 2018

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Expiration Date: 07/31/2021

Construct Number	Construct	Key Term Definitions
1.	**Preterm Birth**	**Preterm Birth:** a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days).[1]
2.	**Breastfeeding**	**Breastfeeding:** in addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk.
3.	**Depression Screening**	**Depression:** aligned with each grantee's validated depression screening tool's definition of depression.
4.	**Well-Child Visit**	**AAP schedule for Well-Child Visits:** Updated AAP 2017 Recommendations for Pediatric Preventive Health Care https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
5.	**Postpartum Care**	**Postpartum Care Visit:** A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit within 6 weeks after delivery. [2]
6.	**Tobacco Cessation Referrals**	**Tobacco Use:** combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	**Safe Sleep**	No definitions required
8.	**Child Injury**	**Injury-related Emergency Department Visit:** Injuries refer to the following causes of mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.[3]
9.	**Child Maltreatment**	**Investigated Case:** all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. [4] A screened-in report is one that is accepted for investigation or assessment based on the state's screen-in criteria. [5]
10.	**Parent-Child Interaction**	No definitions required
11.	**Early Language and Literacy Activities**	No definitions required
12.	**Developmental Screening**	**Developmental Delay:** delays in any or all areas including cognitive, social, language, sensory,

[1] Behrman R, Stith Butler A, eds. Preterm Birth: Causes, Consequences, and Prevention. Washington, DC: The National Academies Press, 2007.
[2] Optimizing postpartum care. Committee Opinion No. 666. American College of Obstetricians and Gynecologists. Obstet Gynecol 2016;127:e187–92. Retrieved from https://www.acog.org/-/media/Committee-Opinions/Committee-on-Obstetric-Practice/co666.pdf?dmc=1&ts=20180221T1421452301
[3] Centers for Disease Control and Prevention, National Action Plan for Child Injury Prevention. 2012. Retrieved from http://www.cdc.gov/safechild/NAP/background.html#unint
[4] Child Welfare Information Gateway. Child Maltreatment 2015: Summary of Key Findings. Retrieved from https://www.childwelfare.gov/pubs/factsheets/cmsum/
[5] Child Welfare Information Gateway. Screening and Intake. Retrieved from https://www.childwelfare.gov/topics/responding/iis/screening/

July 19, 2018

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Attachment 4 - Form 2

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		and emotional development.[6]
13.	Behavioral Concerns	No definitions required
14.	IPV Screening	**Intimate Partner Violence:** physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. [7]
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	**Continuous Health Insurance Coverage:** having health insurance coverage without any lapses.
17.	Completed Depression Referrals	**Recommended services:** specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client.[8]
18.	Completed Developmental Referrals	**Developmental Delay:** delays in any or all areas including cognitive, social, language, sensory, and emotional development.[6]
19.	IPV Referrals	**Intimate Partner Violence:** physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. [7]

[6] U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from http://phr.nlm.nih.gov/glossary=developmentalDelay
[7] Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html
[8] Home Visiting Collaborative Improvement and Innovation Network.

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Attachment 5 - DCYF Key Performance Metrics

Key Performance Metrics
Referrals
Share of families who are referred to HFA from DCYF. (# of families currently enrolled in HFA CWP and % of HFA CWP slots currently used)
Share of DCYF-referred families that were enrolled between three (3) and twenty-four (24) months of age.
Share of DCYF-referred families with a recent assessment of a Substance Exposed Infant (SEI).
Enrollments
Average time to enrollment from the time and date of referral.
# of days from referral date to the first home visit.
Share of families that are offered HFA and % of offered families who decide to receive HFA.
Relative rate of families enrolled by racial/ethnic and geographic characteristics.
Proportion of families that are retained in the program over specified periods of time (6 months, 12 months, 24 months, 36 months, etc.) after receiving a first home visit.
Proportion of families who receive at least seventy-five (75%) percent of the appropriate number of home visits based upon the individual level of service to which they are assigned.
Program Completion
Share of families who do not complete the program (incl. reason for non-completion/discharge).
Share of families that discharged who completed a minimum of specified periods of service. (3 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months).
Proportion of families who complete program by racial/ethnic and geographic characteristics.
Short-term Outcomes
Share of families with a new case opened to DCYF, or a new report of maltreatment, within six months after discharge.
Share of children who enter out-of-home placement within six months after discharge (incl. breakdown of placement type).
Share of children who enter any form of out-of-home placement within 12 months of discharge.
Differences in outcomes outlined above (i.e., prevention of out of home removal, decreases in risk/needs) by racial/ethnic and geographic characteristics.

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EXHIBIT C

Payment Terms

1. This Agreement is funded by:
   1.1. 61.5% Federal funds from:
      1.1.1. Maternal, Infant and Early Childhood Home Visiting Grant Program, as awarded on September 7, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC43595.
      1.1.2. Maternal, Infant and Early Childhood Homevisiting Grant Program, as awarded on September 2, 2022, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X10MC46878.
      1.1.3. American Rescue Plan Act Funding for Home Visiting, as awarded on April 30, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC41935.
      1.1.4. American Rescue Plan Act Funding for Home Visiting, as awarded on October 28, 2021, by the DHHS Health Resources and Services Administration, CFDA 93.870, FAIN X11MC45263.
      1.1.5. New Hampshire Intiative to Address COVID-19 Health Disparaties, as awarded on May 27, 2021, by the Centers for Disease Control and Prevention, CFDA 93.391, FAIN NH75OT000031.
      1.1.6. Administration of Children Youth & Families (ACF), as awarded on October 1, 2022, CFDA 93.658, FAIN 2201NHFOST.
   1.2. 38.5% General funds.
2. For the purposes of this Agreement the Department has identified:
   2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
   2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. The Department shall make payments to the Contractor within thirty (30) days of receipt of each invoice and supporting documentation for authorized expenses, subsequent to approval of the submitted invoice.
4. The final invoice and supporting documentation for authorized expenses shall be due to the Department no later than forty (40) days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
5. Notwithstanding Paragraph 17 of the General Provisions Form P-37, changes limited to adjusting amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the

Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.

6. Audits

6.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:

6.1.1. Condition A - The Contractor expended $750,000 or more in federal funds received as a subrecipient pursuant to 2 CFR Part 200, during the most recently completed fiscal year.

6.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b, pertaining to charitable organizations receiving support of $1,000,000 or more.

6.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.

6.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.

6.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.

6.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

6.4. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and shall return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception.

A. Payment Terms Respective to Traditional Home Visiting Services for the Division of Public Health Services (DPHS):

7. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with

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the approved line items, as specified in Exhibits C-1, Budget through C-3, Budget.

8. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:

   8.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.

   8.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.

   8.3. Identifies and requests payment for allowable costs incurred in the previous month.

   8.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.

   8.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.

   8.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to DPHSContractBilling@dhhs.nh.gov or mailed to:

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

B. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for direct services:

9. Payment shall be for services provided in fulfillment of this Agreement, as specified in Exhibit B, Scope of Work Section 3.4, and in accordance with the following:

   9.1. Weekly Rate: For the purposes of this Agreement, a weekly rate shall be paid in the amount of of $265.53 per client (family) once per week.

   9.2. Payment shall be made on a monthly basis and follow a process determined by the Department.

   9.3. The Contractor cannot exceed the maximum allotment for weekly rate expenditure by Fiscal Year, which is as follows:

State Fiscal Year	Amount
SFY 2023	$182,154
SFY 2024	$364,307

SFY 2025	$367,560
Sub-Total	**$914,021**

9.4. The Contractor shall submit non-clinical expenses via the Website: https://business.nh.gov/beb/PaQes/Index.asDx.

9.5. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

C. Payment Terms Respective to Child Welfare Protocols for the Division for Children, Youth and Families (DCYF) for administrative services:

10. The Contractor shall submit an invoice with supporting documentation to the Department no later than the fifteenth (15th) working day of the month following the month, which identifies and requests reimbursement for authorized expenses incurred in the prior month. The Contractor shall ensure each invoice is completed, dated and returned to the Department in order to intiate payment.

10.1. Maximum allotment for contract expenditures by Fiscal Year is as follows:

State Fiscal Year	Amount
2023	$920,528
2024	$1,105,935
2025	$0*
Sub-Total	**$2,026,463**
***The Contractor will only bill for direct services in SFY 25.**	

10.2. In lieu of hard invoice copies, all invoices may be assigned an electronic signature and emailed to DCYFInvoices@dhhs.nh.gov, or invoices may be mailed to:

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

10.3. The Contractor must provide the services in Exhibit B, Scope of Services, in compliance with funding requirements.

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New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *SFY 2023 (October 1, 2022 - June 30, 2023)*
Indirect Cost Rate (if applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT	GOVERNOR COMMISSION FUNDS	PH COVID-19 HEALTH DISPARITIES	ARP - MIEC HOME VISITING
Funding Source	100% FEDERAL - CFDA #93.870, FAIN # X1043585 & X1046078	100% OTHER FUNDS	100% FEDERAL FUNDS CFDA #93.391, FAIN # NH75OT000031	100% FEDERAL FUNDS CFDA #93.870, FAIN # X1141935 & X1145263
1. Salary & Wages	$413,162		$162,182	$77,916
2. Fringe Benefits	$123,888		$48,647	$19,243
3. Consultants		$22,483	$68	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*		$8,000		
5.(a) Supplies - Educational		$2,000		
5.(b) Supplies - Lab				
5.(c) Supplies - Pharmacy				
5.(d) Supplies - Medical				
5.(e) Supplies Office		$6,000		
6. Travel	$18,000		$12,700	
7. Software		$12,000		
8. (a) Other - Marketing/Communications				
8. (b) Other - Education and Training		$21,000		
8. (c) Other - Other (specify below)				
Organizational Dues		$6,000		
Occupancy	$16,600	$12,900		
Phones	$18,000			
Insurance		$4,500		
Other (please specify)				
Other (please specify)				
Other (please specify)				
Other (please specify)				
9. Subrecipient Contracts				
Total Direct Costs	$589,651	$92,883	$223,595	$97,159
Total Indirect Costs	$102,599	$15,118	$38,905	$16,906
Subtotals	$692,250	$108,000	$262,500	$114,064
TOTAL	$1,176,815			

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New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *SFY 2024 (July 1, 2023 - June 30, 2024)*
Indirect Cost Rate (if applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT - 100% FEDERAL CFDA #93.870, FAIN # X1043595 & X1046878	ARP - MIEC HOME VISITING 100% FEDERAL FUNDS,CFDA #93.870, FAIN # X1141935 & X1145283
Funding Source		
1. Salary & Wages	$550,713	$75,920
2. Fringe Benefits	$155,214	$22,776
3. Consultants	$17,622	$378
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	$27,600	$7,400
7. Software	$16,000	
8. (a) Other - Marketing/Communications	$15,000	
8. (b) Other - Education and Training		
8. (c) Other - Other (specify below)	$17,051	
Phones		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	$809,199	$106,474
Total Indirect Costs	$140,801	$18,526
Subtotals	$950,000	$125,000
TOTAL	$1,075,000	

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New Hampshire Department of Health and Human Services
Contractor Name: *Waypoint*
Budget Request for: *Home Visiting Services*
Budget Period: *SFY 2025 (July 1, 2024 - September 30, 2024)*
Indirect Cost Rate (If applicable): 14.82%

Line Item	HOME VISITING FORMULA GNT	ARP - MIEC HOME VISITING
Funding Source	100% FEDERAL CFDA #93.870, FAIN # X1043598 & X1048678	100% FEDERAL FUNDS,CFDA #93.870, FAIN # X1141935 & X1146203
1. Salary & Wages	$146,992	$94,883
2. Fringe Benefits	$43,308	$26,369
3. Consultants	$3,500	
4. Equipment *Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.*		
5.(a) Supplies - Educational		
5.(b) Supplies - Lab		
5.(c) Supplies - Pharmacy		
5.(d) Supplies - Medical		
5.(e) Supplies Office		
6. Travel	$4,500	
7. Software	$4,000	
8. (a) Other - Marketing/Communications		
8. (b) Other - Education and Training		
8. (c) Other - Other (specify below)		
Organization Dues		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
Other (please specify)		
9. Subrecipient Contracts		
Total Direct Costs	$202,300	$121,252
Total Indirect Costs	$35,200	$21,098
Subtotals	$237,500	$142,350
TOTAL	$379,850	

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New Hampshire Department of Health and Human Services

Contractor Name: *Waypoint*

Budget Request for: *Home Visiting Services*

Budget Period: *SFY 2023 (1/1/23-6/30/23) 6 Months*

Indirect Cost Rate (if applicable): 14.42%

Line Item	Program Cost - Funded by DHHS.
1. Salary & Wages	$482,894
2. Fringe Benefits	$138,868
3. Consultants	$15,000
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$25,000
5.(a) Supplies - Educational	$6,000
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$19,439
6. Travel	$25,000
7. Software	$0
8. (a) Other - Marketing/ Communications	$64,000
8. (b) Other - Education and Training	$21,000
8. (c) Other - Other (specify below)	$6,500
Occupancy	$4,100
Phones	$0
Insurance	$0
Other (please specify)	$787,801
9. Subrecipient Contracts	$132,727
Total Direct Costs	$920,528
Total Indirect Costs	$0
TOTAL	

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New Hampshire Department of Health and Human Services

Contractor Name: ~~Waypoint~~

Budget Request for: *Home Visiting Services*

Budget Period: *SFY 2024 (7/1/23-6/30/24) 12 Months*

Indirect Cost Rate (if applicable): 14.82%

Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	$707,704
2. Fringe Benefits	$212,311
3. Consultants	$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	$0
5.(a) Supplies - Educational	$0
5.(b) Supplies - Lab	$0
5.(c) Supplies - Pharmacy	$0
5.(d) Supplies - Medical	$0
5.(e) Supplies Office	$0
6. Travel	$22,008
7. Software	$0
8. (a) Other - Marketing/ Communications	$0
8. (b) Other - Education and Training	$0
8. (c) Other - Other (specify below)	
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
Other (please specify)	$0
9. Subrecipient Contracts	$0
Total Direct Costs	$942,023
Total Indirect Costs	$163,912
TOTAL	$1,105,935

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CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

ALTERNATIVE I - FOR GRANTEES OTHER THAN INDIVIDUALS

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

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

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

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

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Date 1/17/2023

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has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted

1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.

2. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

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

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

Vendor Name: waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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CERTIFICATION REGARDING LOBBYING

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

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

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

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

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor).

2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement (and by specific mention sub-grantee or sub-contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, attached and identified as Standard Exhibit E-I.)

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

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

Vendor Name: waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

BAT
Vendor Initials
1/17/2023
Date

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

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

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal (contract), the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. If necessary, the prospective participant shall submit an explanation of why it cannot provide the certification. The certification or explanation will be considered in connection with the NH Department of Health and Human Services' (DHHS) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when DHHS determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, DHHS may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DHHS agency to whom this proposal (contract) is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549; 45 CFR Part 76. See the attached definitions.

6. The prospective primary participant agrees by submitting this proposal (contract) that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DHHS.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," provided by DHHS, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or involuntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and

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

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

PRIMARY COVERED TRANSACTIONS

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

12. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal (contract).

LOWER TIER COVERED TRANSACTIONS

13. By signing and submitting this lower tier proposal (contract), the prospective lower tier participant, as defined in 45 CFR Part 76, certifies to the best of its knowledge and belief that it and its principals:
    - 13.1. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
    - 13.2. where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal (contract).

14. The prospective lower tier participant further agrees by submitting this proposal (contract) that it will include this clause entitled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transactions," without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

Contractor Name: Waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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

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

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

- the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. Section 3789d) which prohibits recipients of federal funding under this statute from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act requires certain recipients to produce an Equal Employment Opportunity Plan;

- the Juvenile Justice Delinquency Prevention Act of 2002 (42 U.S.C. Section 5672(b)) which adopts by reference, the civil rights obligations of the Safe Streets Act. Recipients of federal funding under this statute are prohibited from discriminating, either in employment practices or in the delivery of services or benefits, on the basis of race, color, religion, national origin, and sex. The Act includes Equal Employment Opportunity Plan requirements;

- the Civil Rights Act of 1964 (42 U.S.C. Section 2000d, which prohibits recipients of federal financial assistance from discriminating on the basis of race, color, or national origin in any program or activity);

- the Rehabilitation Act of 1973 (29 U.S.C. Section 794), which prohibits recipients of Federal financial assistance from discriminating on the basis of disability, in regard to employment and the delivery of services or benefits, in any program or activity;

- the Americans with Disabilities Act of 1990 (42 U.S.C. Sections 12131-34), which prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation;

- the Education Amendments of 1972 (20 U.S.C. Sections 1681, 1683, 1685-86), which prohibits discrimination on the basis of sex in federally assisted education programs;

- the Age Discrimination Act of 1975 (42 U.S.C. Sections 6106-07), which prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. It does not include employment discrimination;

- 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations – OJJDP Grant Programs); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations – Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Executive Order No. 13279 (equal protection of the laws for faith-based and community organizations); Executive Order No. 13559, which provide fundamental principles and policy-making criteria for partnerships with faith-based and neighborhood organizations;

- 28 C.F.R. pt. 38 (U.S. Department of Justice Regulations – Equal Treatment for Faith-Based Organizations); and Whistleblower protections 41 U.S.C. §4712 and The National Defense Authorization Act (NDAA) for Fiscal Year 2013 (Pub. L. 112-239, enacted January 2, 2013) the Pilot Program for Enhancement of Contract Employee Whistleblower Protections, which protects employees against reprisal for certain whistle blowing activities in connection with federal grants and contracts.

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

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

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

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

Contractor Name: waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

Contractor Name: Waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT BUSINESS ASSOCIATE AGREEMENT

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

(1) Definitions.

a. "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

b. "Business Associate" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

c. "Covered Entity" has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations.

d. "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 CFR Section 164.501.

e. "Data Aggregation" shall have the same meaning as the term "data aggregation" in 45 CFR Section 164.501.

f. "Health Care Operations" shall have the same meaning as the term "health care operations" in 45 CFR Section 164.501.

g. "HITECH Act" means the Health Information Technology for Economic and Clinical Health Act, TitleXIII, Subtitle D, Part 1 & 2 of the American Recovery and Reinvestment Act of 2009.

h. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 and the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162 and 164 and amendments thereto.

i. "Individual" shall have the same meaning as the term "individual" in 45 CFR Section 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR Section 164.501(g).

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

k. "Protected Health Information" shall have the same meaning as the term "protected health information" in 45 CFR Section 160.103, limited to the information created or received by Business Associate from or on behalf of Covered Entity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Date 1/17/2023

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

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

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

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

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

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

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

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

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Date 1/17/2023

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

(4) Obligations of Covered Entity

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

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

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

(5) Termination for Cause

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

(6) Miscellaneous

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

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

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

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

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e. Segregation. If any term or condition of this Exhibit I or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this Exhibit I are declared severable.

f. Survival. Provisions in this Exhibit I regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the Agreement in section (3) I, the defense and indemnification provisions of section (3) e and Paragraph 13 of the standard terms and conditions (P-37), shall survive the termination of the Agreement.

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

Department of Health and Human Services	Waypoint
The State	Name of the Contractor
Patricia M. Tilley	Borja Alvarez de Toledo
Signature of Authorized Representative	Signature of Authorized Representative
Patricia M. Tilley	Borja Alvarez de Toledo
Name of Authorized Representative	Name of Authorized Representative
Director	president and CEO
Title of Authorized Representative	Title of Authorized Representative
1/17/2023	1/17/2023
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CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than $25,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of $25,000 or more. If the initial award is below $25,000 but subsequent grant modifications result in a total award equal to or over $25,000, the award is subject to the FFATA reporting requirements, as of the date of the award.
In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any subaward or contract award subject to the FFATA reporting requirements:

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

Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.
The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:
The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

Contractor Name: waypoint

1/17/2023
Date

DocuSigned by:
Borja Alvarez de Toledo
Name: Borja Alvarez de Toledo
Title: president and CEO

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FORM A

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

1. The UEI (SAM.gov) number for your entity is: QX4YNCN4JYK5

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

   X NO _____ YES

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

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

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

   _____ NO _____ YES

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

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

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

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

   Name: _____ Amount: _____

New Hampshire Department of Health and Human Services

Exhibit K

DHHS Information Security Requirements

A. Definitions

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

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, " Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.

2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.

3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

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

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.

5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.

6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss or misplacement of hardcopy documents, and misrouting of physical or electronic

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

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

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

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

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

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

12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

1. The Contractor must not use, disclose, maintain or transmit Confidential Information except as reasonably necessary as outlined under this Contract. Further, Contractor, including but not limited to all its directors, officers, employees and agents, must not use, disclose, maintain or transmit PHI in any manner that would constitute a violation of the Privacy and Security Rule.

2. The Contractor must not disclose any Confidential Information in response to a

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request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.

9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a

whole, must have aggressive intrusion-detection and firewall protection.

6. The Contractor agrees to and ensures its complete cooperation with the State's Chief Information Officer in the detection of any security vulnerability of the hosting infrastructure.

B. Disposition

1. If the Contractor will maintain any Confidential Information on its systems (or its sub-contractor systems), the Contractor will maintain a documented process for securely disposing of such data upon request or contract termination; and will obtain written certification for any State of New Hampshire data destroyed by the Contractor or any subcontractors as a part of ongoing, emergency, and or disaster recovery operations. When no longer in use, electronic media containing State of New Hampshire data shall be rendered unrecoverable via a secure wipe program in accordance with industry-accepted standards for secure deletion and media sanitization, or otherwise physically destroying the media (for example, degaussing) as described in NIST Special Publication 800-88, Rev 1, Guidelines for Media Sanitization, National Institute of Standards and Technology, U. S. Department of Commerce. The Contractor will document and certify in writing at time of the data destruction, and will provide written certification to the Department upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of Confidential Data using a secure method such as shredding.

3. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic Confidential Data by means of data erasure, also known as secure data wiping.

IV. PROCEDURES FOR SECURITY

A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:

1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.

2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.

4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.

5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.

6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.

7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.

8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.

9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.

10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.

11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.

13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at https://www.nh.gov/doit/vendor/index.htm for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.

14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.

15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.

16. The Contractor must ensure that all End Users:

    a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.

    b. safeguard this information at all times.

    c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

    d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.

e. limit disclosure of the Confidential Information to the extent permitted by law.

f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).

g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.

h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.

i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;
4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

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5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov

B. DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov