

ARC  
8



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
*DIVISION FOR BEHAVIORAL HEALTH*

Lori A. Weaver  
Commissioner

Katja S. Fox  
Director

129 PLEASANT STREET, CONCORD, NH 03301  
603-271-9544 1-800-852-3345 Ext. 9544  
Fax: 603-271-4332 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

October 3, 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 for Behavioral Health, to enter into a contract with New Hampshire Harm Reduction Coalition (VC#330454), Dover, NH, in the amount of \$1,123,802 to implement and maintain a statewide Navigator Program. This program links individuals experiencing disproportionate rates of substance use and other socioeconomic disparities to comprehensive community-based care and harm reduction programs, services, and resources. The contract will include an option to renew for up to five (5) additional years, effective upon Governor and Council approval through June 30, 2026. 100% Federal Funds.

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

**05-95-90-902010-50400000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: PUBLIC HEALTH DIV, BUREAU OF HEALTH AND NUTRITION, OPIOID SURVEILLANCE**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
SFY 2025	074 / 500589	Grants for Pub Ast and Rel	90050408	\$369,175
SFY 2025	074 / 500589	Grants for Pub Ast and Rel	90050409	\$192,726
SFY 2026	074 / 500589	Grants for Pub Ast and Rel	90050408	\$369,175
SFY 2026	074 / 500589	Grants for Pub Ast and Rel	90050409	\$192,726
			<b>TOTAL</b>	<b>\$1,123,802</b>

**EXPLANATION**

The purpose of this request is for the Contractor to implement a statewide Navigator Program to support, expand, and enhance services that reduce the rate of substance misuse and infectious disease complications associated with substance use. The Contractor will provide education, evidence-based harm reduction services, and linkages to substance misuse resources and services.

This program is administered in accordance with the federal Overdose Data to Action in States (OD2A-S) Grant Project. The OD2A-S funding was awarded by The Centers for Disease Control and Prevention (CDC) with the aim of expanding drug overdose surveillance and improving harm reduction and overdose prevention efforts within states.

The program will utilize navigators to link individuals who use substances to resources and services in their communities. Navigators are individuals who are familiar with the regional public health network system and have experience working directly with individuals who use substances. Navigators will be embedded in existing Recovery Community Organizations (RCOs) and other harm reduction programs. They will provide education, overdose prevention and reversal tools, and help people successfully engage in substance use treatment and peer services.

The focus of the program is on individuals who are at the greatest risk of experiencing or witnessing an overdose, experience disproportionate rates of substance use, overdose fatalities, and other socioeconomic factors.

Approximately 2400 individuals will be served through June 30, 2026.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from March 13, 2024 through April 17, 2024. The Department received two (2) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the attached Agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

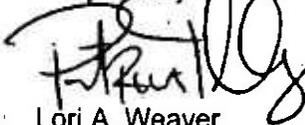
The Department will monitor services through regularly scheduled meetings and review of monthly reports to track contract deliverables and ensure continual performance quality, assess progress, and adjust program delivery and policy based on successful outcomes and challenges and barriers encountered.

Should the Governor and Council not authorize this request, individuals, populations, and communities may have limited opportunities to access community-based care; harm reduction programs and education; and prevention, treatment and recovery services and supports.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.136, FAIN # NU17CE10211.

Respectfully submitted,

  
Lori A. Weaver  
Commissioner

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

**Project ID #** RFP-2025-DBH-02-NAVIG

**Project Title** Navigator Program – Expanding Harm Reduction and Linkages to Care

	Maximum Points Available	New Hampshire Harm Reduction Coalition	Partnership for Public Health
<b>Technical</b>			
Q1 – Experience	100	80	50
Q2 – Outreach & Engagement Plan	125	100	70
Q3 – Community-based Linkage to Care Services Workplan	150	110	40
Q4 – Harm Reduction Services Workplan	150	125	55
Q5 - SMART Process and Data Points	100	85	50
Q6 – Infrastructure Capacity and COOP	125	118	50
<b>Subtotal - Technical</b>	<b>750</b>	<b>618</b>	<b>315</b>

**If a Vendor fail to achieve the minimum Technical score (350) stated within the RFP, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.**

<b>Cost</b>			
Vendor Budget Narrative Evaluation (See 2.3)	100	85	N/A
Vendor Cost (see formula)	150	150	N/A
<b>Subtotal - Cost</b>	<b>250</b>	<b>235</b>	<b>N/A</b>
<b>TOTAL POINTS</b>	<b>1000</b>	<b>853</b>	<b>N/A</b>

<b>TOTAL PROPOSED VENDOR COST</b>	<b>\$1,123,802</b>	<b>N/A</b>
-----------------------------------	--------------------	------------

<b>Reviewer Name</b>
1 Lisa Lampron
2 JoAnne MilesHolmes
3 Jill Burke
4 Paul Kieman

<b>Title</b>
Administrator II
Injury Prevention Program Administrator
Director, Bureau of Drug and Alcohol Services
State Opioid Response Program Coordinator

**Subject:** Navigator Program - Expanding Harm Reduction and Linkages to Care (RFP-2025-DBH-02-NAVIG-01)

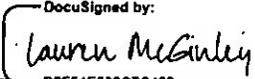
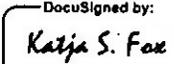
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**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 New Hampshire Harm Reduction Coalition		1.4 Contractor Address 1 Washington Street, Unit #3114 Dover, NH 03820	
1.5 Contractor Phone Number 603-315-1714	1.6 Account Unit and Class TBD	1.7 Completion Date 6/30/26	1.8 Price Limitation \$1,123,802
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:  Date: 9/30/2024		1.12 Name and Title of Contractor Signatory Lauren McGinley Executive Director	
1.13 State Agency Signature DocuSigned by:  Date: 9/30/2024		1.14 Name and Title of State Agency Signatory Katja S. Fox 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:  On: 10/1/2024			
1.17 Approval by the Governor and Executive Council (if applicable)  G&C Item number: _____ G&C Meeting Date: _____			

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

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, 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.

3.3 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. 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 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, 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 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. 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.

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 The State's liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**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 and the Governor's order on Respect and Civility in the Workplace, Executive order 2020-01. 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 age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. 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 this Agreement and all rules, regulations and orders pertaining to 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 The Contracting Officer specified in block 1.9, or any successor, shall be the State's point of contact pertaining to this Agreement.

**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) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar 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.

**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) calendar 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) calendar 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. In addition, at the State's discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

**10. PROPERTY OWNERSHIP/DISCLOSURE.**

10.1 As used in this Agreement, the word "Property" shall mean all data, 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 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure 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 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, 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.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 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.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys' fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. 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 State's sovereign immunity, 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 any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. 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 any 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. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

**17. 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.

**18. 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.

**19. CHOICE OF LAW AND FORUM.**

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. 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.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

**20. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**21. THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

**22. 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.

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

**24. FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

**25. 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.

**26. 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.

**New Hampshire Department of Health and Human Services  
Navigator Program – Expanding Harm Reduction and Linkages to Care  
EXHIBIT A**

---

**Revisions to Standard Agreement Provisions**

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3 in its entirety and replacing it as follows:

3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to five (5) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5 as follows:

12.5. 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  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor must provide evidence-based harm reduction and linkage to care services that reduce the rate of opioid misuse and infectious disease complications associated with opioid use to individuals who use substances and individuals who are at greatest risk for infectious disease complications due to their substance use.
- 1.2. The Contractor must ensure services are available to:
  - 1.2.1. People who use drugs (PWUD), people with a self-disclosed history of use, and individuals at risk of witnessing an overdose, including:
    - 1.2.1.1. Individuals, families, and/or communities experiencing disproportionate rates of Substance Use Disorders (SUD) and/or overdose events;
    - 1.2.1.2. Individuals and families who are unhoused and those experiencing housing instability;
    - 1.2.1.3. People identifying as LGBTQIA+;
    - 1.2.1.4. People with experience in the criminal justice system;
    - 1.2.1.5. People in recovery from SUD.
  - 1.2.2. The Contractor must ensure services are provided in accordance with all applicable state and federal laws and regulations, including, but not limited to NH RSA 318-B and 42 CFR Part 2.

**1.3. Navigator Program - Expanding Harm Reduction and Linkages to Care Scope of Work**

- 1.3.1. The Contractor must implement and maintain a comprehensive program that expands and/or enhances existing harm reduction and linkage to care services, infrastructure, and outreach efforts, in accordance with NH's Overdose Data to Action in States (OD2A-S) Grant Project, Strategy 8 – Harm Reduction and Strategy 9 – Community-based Linkage to Care, (herein referred to as the Providing Access to Harm Reduction Services (PATHS) program). The Contractor must:
  - 1.3.1.1. Embed harm reduction education, services, and supports within existing Recovery Community Organizations (RCOs); and
  - 1.3.1.2. Embed linkage to care services and supports within existing non-RCO harm reduction programs.
- 1.3.2. The Contractor must ensure PATHS does not duplicate efforts or supplant funding within the community(ies) served.
- 1.3.3. Expanding and/or Enhancing Harm Reduction Services and Supports within Recovery Community Organizations (RCOs)
  - 1.3.3.1. The Contractor must prioritize enhancement and/or expansion efforts for harm reduction supports and services within the following regions of NH:

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care,  
EXHIBIT B**

---

- 1.3.3.1.1. Seacoast Region;
- 1.3.3.1.2. Central and South-Central Regions; and
- 1.3.3.1.3. Upper North Country Region.
- 1.3.3.2. The Contractor must collaborate with the Department's NH Peer Recovery Support Services Facilitating Organization vendor to enhance and/or expand harm reduction education, services, and supports, within the regions identified above, through the integration of Navigators. The Contractor must ensure Navigators coordinate and provide supports and services including:
  - 1.3.3.2.1. Harm reduction education;
  - 1.3.3.2.2. Overdose prevention and reversal tools including:
    - 1.3.3.2.2.1. Naloxone or other Federal Drug Administration (FDA) approved overdose reversal medication;
    - 1.3.3.2.2.2. Drug testing equipment; and
  - 1.3.3.2.3. Treatment and recovery options, as appropriate.
- 1.3.3.3. The Contractor must utilize mobile outreach services to ensure harm reduction services and supplies are available to individuals who may be underserved and/or are experiencing barriers to accessing care. The Contractor must ensure Mobile Outreach Units:
  - 1.3.3.3.1. Travel to areas of the state with high rates of SUD-related infections and overdose events, including but not limited to:
    - 1.3.3.3.1.1. Homeless encampments;
    - 1.3.3.3.1.2. LGBTQIA+ community centers;
    - 1.3.3.3.1.3. Neighborhoods impacted by higher rates of crime or in close proximity to correctional facilities;
  - 1.3.3.3.2. Are equipped with:
    - 1.3.3.3.2.1. Harm reduction supplies;
    - 1.3.3.3.2.2. Opioid Overdose Reversal medication(s);
    - 1.3.3.3.2.3. Overdose prevention education materials;
    - 1.3.3.3.2.4. Wound care and infection prevention supplies; and
    - 1.3.3.3.2.5. Information about available resources.

1.3.4. Expanding and Enhancing Community-Based Linkage to Care Services

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

Outside of RCO Programs

- 1.3.4.1. The Contractor must collaborate with the Department to review regional data to assess and determine priority areas for the expansion of linkage to care services no later than 30 days after the Contract Effective Date.
- 1.3.4.2. The Contractor must collaborate with existing non-RCO harm reduction programs, within identified areas, to expand linkage to care services, through the integration of Navigators. The Contractor must ensure Navigators:
  - 1.3.4.2.1. Identify participant needs;
  - 1.3.4.2.2. Serve as liaisons between participants and providers, community organizations, and social service agencies;
  - 1.3.4.2.3. Link individuals to comprehensive community-based services, supports, and resources that:
    - 1.3.4.2.3.1. Address the unique needs and circumstances of each individual;
    - 1.3.4.2.3.2. Prevent treatment interruption;
    - 1.3.4.2.3.3. Promote retention in care;
    - 1.3.4.2.3.4. Support community reintegration as the individual exits residential treatment settings and/or criminal justice settings;
    - 1.3.4.2.3.5. Support the maintenance of recovery and ongoing care and wellness needs;
  - 1.3.4.2.4. Facilitate warm handoffs to services including:
    - 1.3.4.2.4.1. Primary and behavioral healthcare;
    - 1.3.4.2.4.2. SUD treatment;
    - 1.3.4.2.4.3. Housing assistance;
    - 1.3.4.2.4.4. Other supportive services, as appropriate; and
  - 1.3.4.2.5. Conduct regular follow-ups with participants to monitor progress, address barriers, and provide additional support as needed.
- 1.3.5. The Contractor must actively recruit additional Navigators with lived experience for PATHS through targeted outreach efforts and in collaboration with community partners, including, but not limited to:
  - 1.3.5.1. RCOs.
  - 1.3.5.2. The NH Doorways.
  - 1.3.5.3. Treatment Providers.

DS  
IM

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

- 1.3.5.4. Prevention Coalitions.
- 1.3.5.5. Harm Reduction Networks.
- 1.3.6. The Contractor must ensure training and professional development opportunities are available to individuals interested in becoming care Navigators. The Contractor must ensure topics include, but are not limited to:
  - 1.3.6.1. Harm reduction principles.
  - 1.3.6.2. Compassionate overdose prevention and response strategies.
  - 1.3.6.3. Communication and advocacy skills.
  - 1.3.6.4. Navigating social service systems.
- 1.3.7. The Contractor must provide ongoing supervision, mentorship and peer support to Navigators. The Contractor must ensure Navigators have access to:
  - 1.3.7.1. Check-ins with supervisors;
  - 1.3.7.2. Opportunities for reflective practice; and
  - 1.3.7.3. Peer-led support groups to share experiences, challenges and successes with colleagues.
- 1.3.8. The Contractor must support the individualized needs of participating organizations to facilitate the expansion and integration of services, programming, and activities. The Contractor must provide:
  - 1.3.8.1. Training and educational materials;
  - 1.3.8.2. Consultation and technical assistance on best practices, program development, and implementation strategies; and
  - 1.3.8.3. Navigator resources.
- 1.3.9. The Contractor must organize and implement outreach that promotes access to harm reduction programs, services, and resources, links individuals to care, supports retention in care, and helps maintain recovery. The Contractor must:
  - 1.3.9.1. Engage in localized and mobile outreach activities to connect with individuals in the community, including individuals who are:
    - 1.3.9.1.1. Un-housed or experiencing housing instability;
    - 1.3.9.1.2. Marginalized; and/or
    - 1.3.9.1.3. Underserved;
  - 1.3.9.2. Partner with local organizations to inform, educate, and support the expansion of harm reduction services. Local organizations may include, but are not limited to:
    - 1.3.9.2.1. The NH Doorways.
    - 1.3.9.2.2. Treatment Providers.

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

- 1.3.9.2.3. Mental Health Centers.
- 1.3.9.2.4. Federally Qualified Health Centers.
- 1.3.9.2.5. Regional Public Health Networks.
- 1.3.10. The Contractor must provide training and educational materials to individuals, organizations, and communities. The Contractor must ensure training and educational materials support statewide harm reduction, overdose, and infection prevention strategies and increase awareness and understanding of harm reduction principles, including information on:
  - 1.3.10.1. Safer substance use practices;
  - 1.3.10.2. Safer disposal of non-sterile items;
  - 1.3.10.3. Prevention and reversal of drug overdoses;
  - 1.3.10.4. HIV and viral hepatitis prevention, testing, and treatment;
  - 1.3.10.5. Prevention, identification of, and treatment options for soft tissue infections;
  - 1.3.10.6. SUD treatment options;
  - 1.3.10.7. Information on medical and mental health issues that disproportionately affect PWUD;
  - 1.3.10.8. Proper use of external and internal condoms;
  - 1.3.10.9. Prevention and testing options for communicable diseases that are of concern in the community;
  - 1.3.10.10. Resources to assist with food and housing insecurity; and
  - 1.3.10.11. Resources for survivors of trauma, domestic violence, sexual violence, and human trafficking.
- 1.3.11. The Contractor must collaborate with the NH Doorways and the Regional Public Health Networks (RPHNs) to develop and execute a comprehensive naloxone administration training program, aligned with SAMHSA's Overdose Prevention and Response Toolkit.
- 1.3.12. The Contractor must participate in statewide meetings and commissions to stay abreast of the SUD continuum of care, stakeholders, and resources involved in setting and promoting the state's strategic priorities and system-level strategies.
- 1.3.13. The Contractor must host targeted events and workshops that address the specific needs of each population served, including, but not limited to:
  - 1.3.13.1. LGBTQIA+ support groups.
  - 1.3.13.2. Harm reduction education sessions for individuals with criminal justice experience.
  - 1.3.13.3. Recovery-focused activities for people in recovery from SUD.
- 1.3.14. The Contractor must engage and collaborate with the Department and

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

identified stakeholders to identify gaps and potential barriers, develop mitigation strategies, and ensure the PATHS is implemented as intended. Stakeholders may include, but are not limited to:

- 1.3.14.1. The NH Governor's Commission on Alcohol and Other Drugs.
- 1.3.14.2. The NH Opioid Abatement Trust Fund Advisory Commission.
- 1.3.14.3. The NH Doorways.
- 1.3.14.4. Federally Qualified Healthcare Centers (FQHC).
- 1.3.14.5. Community Mental Health Centers.
- 1.3.14.6. RPHNs.
- 1.3.14.7. Community Action Programs.
- 1.3.15. The Contractor, and its Navigators must collaborate with the NH OD2A-S Grant, Strategy 6a - Academic Detailing partners and Strategy 7 – Overdose Fatality Review Commission to inform community response to the needs of people with SUD. The Contractor must:
  - 1.3.15.1. Advise Academic Detailers on best approaches to train healthcare professionals in working with people with SUD;
  - 1.3.15.2. Attend Academic Detailing Site Visits in doctor's offices and emergency departments;
  - 1.3.15.3. Provide guidance related to Academic Detailing for Emergency Department staff;
  - 1.3.15.4. Attend Overdose Fatality Review Commission meetings; and
  - 1.3.15.5. Provide recommendations to address overdose prevention.
- 1.3.16. The Contractor must adhere to the following Work Plan, and in collaboration with the Department, provide an updated and modified Work Plan if required or requested, within 30 days from the Effective Date of this Agreement. The Contractor must submit any request to modify the Work Plan to the Department for review and approval prior to implementation.
  - 1.3.16.1. Work Plan:

Work Plan															
Year 1 (Months), beginning on Effective Date of Agreement												Year 2		Responsible Entities	
Key Activity	1	2	3	4	5	6	7	8	9	10	11	12	13-18 Mo		19-24 Mo
Complete DHHS Notice of Award Requirements, establish progress indicators and performance measures.															DHHS, NHHRC
G&C Approval															G&Cs





**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

1.3.18.2. Community-Based Linkage to Care

1.3.18.2.1. Housing assistance;

1.3.18.2.2. Food assistance;

1.3.18.2.3. HIV/HCV and other STD/STI testing;

1.3.18.2.4. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention;

1.3.18.2.5. Safer sex kits (condoms and lubricant);

1.3.18.2.6. Childcare and childcare-related purchases (e.g., pack-n-play);

1.3.18.2.7. Furniture or equipment (purchase or leasing vehicles may be allowable expenses for linkage to care activities); and

1.3.18.2.8. Prevention of adverse childhood experiences (ACEs) as a standalone activity.

1.4. The Contractor must have policies and procedures relative to obtaining patient consent for disclosure of Protected Health Information (PHI), as required by federal and state laws. The Contractor must ensure:

1.4.1. Consent forms are obtained from all individuals served, either in-person, telehealth, or other electronic means, to ensure compliance with all applicable state and federal confidentiality laws.

1.4.2. The signed informed consent form is kept in the Participant's record.

1.5. The Contractor must provide staff, subcontractors, or end users as defined in Exhibit E with periodic training in practices and procedures to ensure compliance with information security, privacy, and confidentiality in accordance with state administrative rules and state and federal laws.

1.6. The Contractor must participate in meetings with the Department, monthly, or as otherwise requested by the Department, to review contract deliverables; enhance contract management; improve results; refine progress indicators and performance measures; and adjust program delivery based on successful outcomes.

1.7. The Contractor must notify the Department, in writing, of changes in key personnel within five (5) working days of the change occurring. Key personnel are those staff members for whom at least 10% of their work time is spent on this scope of services.

1.8. The Contractor must participate in on-site reviews conducted by the Department on a quarterly basis, or as otherwise requested by the Department.

1.9. The Contractor must facilitate reviews of files conducted by the Department on an annual basis, or as otherwise requested by the Department.

**2. Background Checks**

2.1. Prior to permitting any individual to provide services under this Agreement, the

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

Contractor must ensure that said individual has undergone:

- 2.1.1.1. A criminal background check, at the Contractor's expense, and has no convictions for crimes that represent evidence of behavior that could endanger individuals served under this Agreement;
- 2.1.1.2. A name search of the Department's Bureau of Elderly and Adult Services (BEAS) State Registry, pursuant to RSA 161-F:49, with results indicating no evidence of behavior that could endanger individuals served under this Agreement; and
- 2.1.1.3. A name search of the Department's Division for Children, Youth and Families (DCYF) Central Registry pursuant to RSA 169-C:35, with results indicating no evidence of behavior that could endanger individuals served under this Agreement.

**3. Confidential Data**

- 3.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department's Information Security Requirements Exhibit as referenced below.
- 3.2. The Contractor must ensure any individuals involved in delivering services through this Agreement contract 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 Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

**4. Privacy Impact Assessment**

- 4.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:
  - 4.1.1. How PII is gathered and stored;
  - 4.1.2. Who will have access to PII;
  - 4.1.3. How PII will be used in the system;
  - 4.1.4. How individual consent will be achieved and revoked; and
  - 4.1.5. Privacy practices.
- 4.2. 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.

**5. Contract End-of-Life Transition Services**

- 5.1. General Requirements

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

- 5.1.1. 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). The Department shall provide the DTP template to the Contractor.
  - 5.1.2. The Contractor must use reasonable efforts to assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users 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 any 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 and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
  - 5.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department Data is complete.
  - 5.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
  - 5.1.5. Should the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department's Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
  - 5.1.6. In the event where the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department's DHHS Information Security Requirements Exhibit.
- 5.2. Completion of Transition Services
- 5.2.1. Each service or Transition phase shall be deemed completed (and the Transition process finalized) at the end of 15 business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan,

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.

5.2.2. Once all parties agree the data has been migrated the Contractor will have 30 days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.

**5.3. Disagreement over Transition Services Results**

5.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within 15 business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

**5.4. Website and Social Media**

5.4.1. The Contractor must work with the Department's Communications Bureau to ensure that any social media or website designed, created, or managed on behalf of the Department meets all Department and NH DoIT website and social media requirements and policies.

5.4.2. The Contractor agrees Protected Health Information (PHI), Personally 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 terms of the Department's Information Security Requirements Exhibit, the Business Associate Agreement signed by the parties, and all applicable Department and federal law, rules, and agreements. Unless specifically required by the Agreement and unless clear notice is provided to users of the website or social media, the Contractor agrees that site visitation must not be tracked, disclosed or used for website or social media analytics or marketing.

5.4.3. State of New Hampshire's Website Copyright

5.4.4. All right, title and interest in the State WWW site, including copyright to all Data and information, shall remain with the State of New Hampshire. The State of New Hampshire shall also retain all right, title and interest in any user interfaces and computer instructions embedded within the WWW pages. All WWW pages and any other Data or information shall, where applicable, display the State of New Hampshire's copyright.

**6. Exhibits Incorporated**

6.1. The Contractor must comply with all Exhibit D Federal Requirements, which are attached hereto and incorporated by reference herein.

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



**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

- 6.3. 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 F, Business Associate Agreement, which has been executed by the parties.

**7. Additional Terms**

**7.1. Impacts Resulting from Court Orders or Legislative Changes**

- 7.1.1. 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.

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

- 7.2.1. The Contractor must submit:

7.2.1.1. A detailed description of the language assistance services, within ten (10) days of the Effective Date of the Agreement, 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.

7.2.1.2. A written attestation, within 45 days of the Effective Date of the Agreement and annually thereafter, that all personnel involved the provision of services to individuals under this Agreement have completed, within the last 12 months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

7.2.1.3. The Department's Federal Civil Rights Compliance Checklist within ten (10) days of the Effective Date of the Agreement. The Federal Civil Rights Compliance Checklist must have been completed within the last 12 months and is accessible on the Department's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>).

**7.3. Credits and Copyright Ownership**

- 7.3.1. 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

**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

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.”

- 7.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 7.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to:
  - 7.3.3.1. Brochures.
  - 7.3.3.2. Resource directories.
  - 7.3.3.3. Protocols or guidelines.
  - 7.3.3.4. Posters.
  - 7.3.3.5. Reports.
- 7.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.
- 7.3.5. The Contractor must ensure materials distributed through this Agreement cite that they are produced with support from the Department and funded by the CDC Overdose Data to Action in States grant CDC-RFA-CE-23-0002.

**8. Records**

- 8.1. The Contractor must keep records that include, but are not limited to:
  - 8.1.1. 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.
  - 8.1.2. 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.
  - 8.1.3. 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.
- 8.2. 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.



**New Hampshire Department of Health and Human Services  
Navigator Program - Expanding Harm Reduction and Linkages to Care  
EXHIBIT B**

---

- 8.3. If, upon review of the Final Expenditure Report the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

DS  


**New Hampshire Department of Health and Human Services  
Navigator Program – Expanding Harm Reduction and Linkages to Care  
EXHIBIT C**

**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 100% Federal funds, NH Implementation of the Overdose Data to Action in States, as awarded on 8/23/23, by the Centers for Disease Control and Prevention, ALN 93.136, FAIN NU17CE10211.
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR §200.331.
  - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget.
4. The Contractor must submit separate invoices for each Scope of Work identified in Exhibit B, Sections 1.4.3 and 1.4.4, 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 must ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a form that is provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment for allowable costs incurred in the previous month.
  - 4.4. Includes supporting documentation of allowable costs with each invoice that may include, but are not limited to, time sheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
  - 4.5. Is completed, dated and returned to the Department with the supporting documentation for allowable expenses to initiate payment.
  - 4.6. Is assigned an electronic signature, includes supporting documentation, and is emailed to [dbhinvoicesbdas@dhhs.nh.gov](mailto:dbhinvoicesbdas@dhhs.nh.gov) or mailed to:

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

DS  
IM

**New Hampshire Department of Health and Human Services  
Navigator Program – Expanding Harm Reduction and Linkages to Care  
EXHIBIT C**

---

5. The Contractor must ensure federal funds expended for the services identified in this Agreement are solely used to support the scope of work outlined in this Agreement, as follows:

**5.1. Allowable Expenses**

- 5.1.1. Personnel.
- 5.1.2. Travel.
- 5.1.3. Educational materials and supplies.
- 5.1.4. Office space rental fees.
- 5.1.5. Other items as reviewed and approved by the Department.

**5.2. Unallowable Expenses**

**5.2.1. Unallowable Harm Reduction Expenses**

- 5.2.1.1. Establishing new syringe services programs (SSPs);
- 5.2.1.2. Infrastructure costs for SSPs that are not associated with the co-location of treatment.
- 5.2.1.3. Drug disposal, including the implementation or expansion of drug disposal programs, including:
  - 5.2.1.3.1. Drug take-back programs;
  - 5.2.1.3.2. Drug drop boxes; and
  - 5.2.1.3.3. Drug disposal bags.
- 5.2.1.4. Safe injection sites, including developing educational outreach and guidance or materials about supervised/safe injection sites;
  - 5.2.1.4.1. Purchase of syringes, including:
  - 5.2.1.4.2. Pharmacy voucher programs; and
  - 5.2.1.4.3. Safe syringe disposal programs.

**5.2.2. Unallowable Community-based Linkage to Care Expenses**

- 5.2.2.1. Housing assistance;
- 5.2.2.2. Food assistance;
- 5.2.2.3. HIV/HCV and other STD/STI testing;
- 5.2.2.4. Funding or subsidizing costs associated with programs other than those specifically targeting overdose prevention;
- 5.2.2.5. Safer sex kits;

**New Hampshire Department of Health and Human Services  
Navigator Program – Expanding Harm Reduction and Linkages to Care  
EXHIBIT C**

---

- 5.2.2.6. Childcare and childcare-related purchases;
  - 5.2.2.7. Furniture or equipment; and
  - 5.2.2.8. Prevention of adverse childhood experiences (ACEs) as a standalone activity.
- 6. The Contractor must ensure any purchase of Naloxone, or other federally approved overdose reversal drug(s), is not included in any invoice submitted for this Agreement.
  - 7. 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.
  - 8. 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.
  - 9. Notwithstanding Paragraph 18 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.
  - 10. Audits
    - 10.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
      - 10.1.1. 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.
      - 10.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
      - 10.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
    - 10.2. 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](mailto: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.

DS  
IM

**New Hampshire Department of Health and Human Services  
Navigator Program – Expanding Harm Reduction and Linkages to Care  
EXHIBIT C**

---

- 10.2.1. 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.
- 10.3. 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.
- 10.4. Any Contractor that receives an amount equal to or greater than \$250,000 from the Department during a single fiscal year, regardless of the funding source, may be required, at a minimum, to submit annual financial audits performed by an independent CPA upon request.
- 10.5. 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.

Exhibit C-1, Budget

New Hampshire Department of Health and Human Services				
Contractor Name:		New Hampshire Harm Reduction Coalition		
Budget Request for:		Navigator Program – Expanding Harm Reduction and Linkages to Care		
Budget Period:		SFY 2025 and SFY 2026		
Indirect Cost Rate (if applicable)		5.55%		
Line Item	Harm Reduction Cost Funded by DHHS - SFY 25	Linkage to Care Cost - Funded by DHHS - SFY 25	Harm Reduction Cost Funded by DHHS - SFY 26	Linkage to Care Cost - Funded by DHHS - SFY 26
1. Salary & Wages	\$71,400	\$74,550	\$71,400	\$74,550
2. Fringe Benefits	\$7,140	\$7,455	\$7,140	\$7,455
3. Consultants	\$250	\$500	\$250	\$500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0	\$0
5.(a) Supplies - Educational	\$1,501	\$320	\$1,501	\$320
5.(b) Supplies - Lab	\$0	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$50	\$14,500	\$50	\$14,500
5.(e) Supplies - Office	\$1,050	\$1,500	\$1,050	\$1,500
6. Travel	\$500	\$2,500	\$500	\$2,500
7. Software	\$500	\$500	\$500	\$500
8. (a) Other - Marketing/Communications	\$1,500	\$1,350	\$1,500	\$1,350
8. (b) Other - Education and Training	\$1,500	\$1,350	\$1,500	\$1,350
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0
Other (Audit & Legal)	\$750	\$1,500	\$750	\$1,500
Other (Occupancy)	\$0	\$12,000	\$0	\$12,000
Other (Disposal)	\$0	\$0	\$0	\$0
Other (IM Narcan)	\$0	\$0	\$0	\$0
Other (Van)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0	\$0
9. Subrecipient Contracts	\$271,920	\$60,425	\$271,920	\$60,425
<b>Total Direct Costs</b>	<b>\$358,061</b>	<b>\$178,450</b>	<b>\$358,061</b>	<b>\$178,450</b>
<b>Total Indirect Costs</b>	<b>\$11,114</b>	<b>\$14,276</b>	<b>\$11,114</b>	<b>\$14,276</b>
<b>Subtotals</b>	<b>\$369,175</b>	<b>\$192,726</b>	<b>\$369,175</b>	<b>\$192,726</b>
<b>TOTAL</b>				<b>\$1,123,802</b>

# New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

## SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of Sections 5151-5160 of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

### ALTERNATIVE I - FOR CONTRACTORS 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 contractors (and by inference, sub-contractors), prior to award, that they will maintain a drug-free workplace. Section 3017.630(c) of the regulation provides that a contractor (and by inference, 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 Agreement 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 Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, 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 Contractor 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 Contractor'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 Contractor'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 Agreement 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 Agreement, 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;

v1 6/23

Exhibit D  
Federal Requirements

Contractor's Initials                       
Date 9/30/2024

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

- 
- 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 contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;
  - 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 Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

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.

# New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

## SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor 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 Byrd Anti-Lobbying Amendment (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, loan, or cooperative agreement (and by specific mention 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, loan, or cooperative agreement (and by specific mention sub- contractor), the undersigned shall complete and submit Standard Form LLL, (Disclosure Form to Report Lobbying, in accordance with its instructions, see <https://omb.report/icr/201009-0348-022/doc/20388401>
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, 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.

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

### SECTION C: 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 12689 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 Agreement, 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 Agreement 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 <https://www.govinfo.gov/app/details/CFR-2004-title45-vol1/CFR-2004-title45-vol1-part76/context>.
6. The prospective primary participant agrees by submitting this Agreement 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) <https://www.ecfr.gov/current/title-22/chapter-V/part-513>.

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

---

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, DHHS may terminate this transaction for cause or default.

### PRIMARY COVERED TRANSACTIONS

11. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - 11.1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - 11.2. Have not within a three-year period preceding this proposal (Agreement) 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 (Agreement), 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 (Agreement).
14. The prospective lower tier participant further agrees by submitting this proposal (Agreement) 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.

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

### SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

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:

The Contractor will comply, and will require any subcontractors to comply, with any applicable federal requirements, which may include but are not limited to:

1. Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).
2. 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;
3. 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;
4. 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);
5. 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;
6. 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;
7. 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;
8. 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;
9. 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;
10. 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.
11. The Clean Air Act (42 U.S.C. 7401-7671q.) which seeks to protect human health and the environment from emissions that pollute ambient, or outdoor, air.

v1 6/23

Exhibit D  
Federal Requirements

Contractor's Initials

Date 9/30/2024

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

The certificate set out below is a material representation of fact upon which reliance is placed when the agency awards the Agreement. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of Agreements, or government wide suspension or debarment.

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, or sex against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, to the applicable contracting agency or division within the Department of Health and Human Services, and to the Department of Health and Human Services Office of the Ombudsman.

The Contractor identified in Section 1.3 of the General Provisions agrees by signature of the Contractor's representative as identified in Sections 1.11 and 1.12 of the General Provisions, to execute the following certification:

1. By signing and submitting this Agreement, the Contractor agrees to comply with the provisions indicated above.

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

---

### SECTION E: 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 Agreement, 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.

## New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

### SECTION F: CERTIFICATION REGARDING THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) COMPLIANCE

The Federal Funding Accountability and Transparency Act (FFATA) requires prime awardees of individual Federal grants equal to or greater than \$30,000 and awarded on or after October 1, 2010, to report on data related to executive compensation and associated first-tier sub-grants of \$30,000 or more. If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, the award is subject to the FFATA reporting requirements, as of the date of the award.

In accordance with 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), the Department of Health and Human Services (DHHS) must report the following information for any sub award or contract award subject to the FFATA reporting requirements:

1. Name of entity
2. Amount of award
3. Funding agency
4. NAICS code for contracts / CFDA program number for grants
5. Program source
6. Award title descriptive of the purpose of the funding action
7. Location of the entity
8. Principle place of performance
9. Unique Entity Identifier (SAM UEI; DUNS#)
10. Total compensation and names of the top five executives if:
  - 10.1. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually and
  - 10.2. Compensation information is not already available through reporting to the SEC.  
Prime grant recipients must submit FFATA required data by the end of the month, plus 30 days, in which the award or award amendment is made.

The Contractor identified in Section 1.3 of the General Provisions agrees to comply with the provisions of The Federal Funding Accountability and Transparency Act, Public Law 109-282 and Public Law 110-252, and 2 CFR Part 170 (Reporting Subaward and Executive Compensation Information), and further agrees to have the Contractor's representative, as identified in Sections 1.11 and 1.12 of the General Provisions execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the NH Department of Health and Human Services and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

# New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

## FORM A

As the Grantee identified in Section 1.3 of the General Provisions, I certify that the responses to the below listed questions are true and accurate.

HKQCMZLA1DR8

1. The UEI (SAM.gov) number for your entity is: \_\_\_\_\_
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  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: \_\_\_\_\_

Contractor Name: NHHRC

9/30/2024

Date: \_\_\_\_\_

DocuSigned by:

*Lauren McGinley*

Name: Lauren McGinley

Title: Executive Director

## New Hampshire Department of Health and Human Services

### Exhibit E

## 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

Contractor Initials



## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

---

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.

Contractor Initials

<sup>DS</sup>  


## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

---

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.

Contractor Initials



## New Hampshire Department of Health and Human Services

### Exhibit E

## DHHS Information Security Requirements

---

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, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

Contractor Initials



## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

---

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.).

Contractor Initials

<sup>DS</sup>  


## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

---

3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

Contractor Initials

<sup>DS</sup>  
M

## New Hampshire Department of Health and Human Services

### Exhibit E

### DHHS Information Security Requirements

---

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/doiit/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.

Contractor Initials



**New Hampshire Department of Health and Human Services**

**Exhibit E**

**DHHS Information Security Requirements**

---

- 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;

Contractor Initials 

**New Hampshire Department of Health and Human Services**

**Exhibit E**

**DHHS Information Security Requirements**

---

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



New Hampshire Department of Health and Human

Exhibit F

**BUSINESS ASSOCIATE AGREEMENT**

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement"), and any of its agents who receive use or have access to protected health information (PHI), as defined herein, shall be referred to as the "Business Associate." The State of New Hampshire, Department of Health and Human Services, "Department" shall be referred to as the "Covered Entity," The Contractor and the Department are collectively referred to as "the parties."

The parties agree, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any of these laws and regulations may be amended from time to time.

(1) Definitions

- a. The following terms shall have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:
  - "Breach," "Designated Record Set," "Data Aggregation," Designated Record Set," "Health Care Operations," "HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."
- b. Business Associate Agreement, (BAA) means the Business Associate Agreement that includes privacy and confidentiality requirements of the Business Associate working with PHI and as applicable, Part 2 record(s) on behalf of the Covered Entity under the Agreement.
- c. "Constructively Identifiable," means there is a reasonable basis to believe that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information.
- d. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records, if applicable, as defined below.
- e. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.
- f. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

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

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under the Agreement. Further, Business Associate, including but not

Exhibit F

Contractor Initials   *LM*  

Date   9/30/2024



New Hampshire Department of Health and Human

Exhibit F

limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

- b. Business Associate may use or disclose PHI, as applicable:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, according to the terms set forth in paragraph c. and d. below;
  - III. According to the HIPAA minimum necessary standard;
  - IV. For data aggregation purposes for the health care operations of the Covered Entity; and
  - V. Data that is de-identified or aggregated and remains constructively identifiable may not be used for any purpose outside the performance of the Agreement.
- c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor prior to making any disclosure, the Business Associate must obtain, a business associate agreement or other agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate

- a. Business Associate shall implement appropriate safeguards to prevent unauthorized use or disclosure of all PHI in accordance with HIPAA Privacy Rule and Security Rule with regard to electronic PHI, and Part 2, as applicable.
- b. The Business Associate shall immediately notify the Covered Entity's Privacy Officer at the following email address, DHSPrivacyOfficer@dhs.nh.gov after the Business Associate has determined that any use or disclosure not provided for by its contract, including any known or suspected privacy or security incident or breach has occurred potentially exposing or compromising the PHI. This includes inadvertent or accidental uses or disclosures or breaches of unsecured protected health information.
- c. In the event of a breach, the Business Associate shall comply with the terms of this Business Associate Agreement, all applicable state and federal laws and regulations and any additional requirements of the Agreement.
- d. The Business Associate shall perform a risk assessment, based on the information available at the time it becomes aware of any known or suspected privacy or

Exhibit F

Contractor Initials

LM

9/30/2024

Date



New Hampshire Department of Health and Human

Exhibit F

- security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:
- I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
  - III. Whether the protected health information was actually acquired or viewed; and
  - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
  - f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
  - g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein.
  - h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.
  - i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
  - j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
  - k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
  - l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to

Exhibit F

Contractor Initials

PHI<sup>DS</sup> in  
*um*

Date 9/30/2024



New Hampshire Department of Health and Human

Exhibit F

accordance with 45 CFR Section 164.528.

- m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
- n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.
- VI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, or if retention is governed by state or federal law, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

(4) Obligations of Covered Entity

- a. Covered Entity shall post a current version of the Notice of the Privacy Practices on the Covered Entity's website:  
<https://www.dhhs.nh.gov/oos/hipaa/publications.htm> in accordance with 45 CFR Section 164.520.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this BAA, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(5) Termination of Agreement for Cause

- a. In addition to the General Provisions (P-37) of the Agreement, the Covered Entity may immediately terminate the Agreement upon Covered Entity's knowledge of a material breach by Business Associate of the Business Associate Agreement. The Covered Entity may either immediately terminate the Agreement or provide an opportunity for Business Associate to cure the alleged breach within a timeframe specified by Covered Entity.

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations

Exhibit F

Contractor Initials DS used, m



New Hampshire Department of Health and Human

Exhibit F

herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Business Associate Agreement, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.

- b. Change in law - Covered Entity and Business Associate agree to take such action as is necessary from time to time for the Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other applicable federal and state law.
c. Data Ownership - The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
d. Interpretation - The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.
e. Segregation - If any term or condition of this BAA or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this BAA are declared severable.
f. Survival - Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) g. and (3) n.l., and the defense and indemnification provisions of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA.

IN WITNESS WHEREOF, the parties hereto have duly executed this Business Associate Agreement.

Department of Health and Human Services

NHHRC

The State

Name of the Contractor

DocuSigned by:

Katja S. Fox

ED0005804C82442...

Signature of Authorized Representative

Katja S. Fox

Name of Authorized Representative

Director

Title of Authorized Representative

9/30/2024

Date

DocuSigned by:

Lauren McGinley

82F545683C7C423...

Signature of Authorized Representative

Lauren McGinley

Name of Authorized Representative

Executive Director

Title of Authorized Representative

9/30/2024

Date

Exhibit F

Contractor Initials

DS LM

9/30/2024 Date

**CERTIFICATE OF AUTHORITY**

I, Bill Davis, hereby certify that:

1. I am a duly elected Treasurer of NH Harm Reduction Coalition (NHHRC).

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on April 14, 2022, at which a quorum of the Directors/shareholders were present and voting.

**VOTED:** That Lauren McGinley, NHHRC Executive Director, is duly authorized on behalf of NH Harm Reduction Coalition (NHHRC) 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: 9/30/2024

Bill Davis

Digitally signed by Bill Davis  
Date: 2024.09.30 15:13:23 -0400

Signature of Elected Officer  
Name: Bill Davis  
Title: Board Vice Chair,  
NH Harm Reduction Coalition

# 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 NEW HAMPSHIRE HARM REDUCTION COALITION is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on November 29, 2018. 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: 808023

Certificate Number: 0006666235



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 April A.D. 2024.

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

David M. Scanlan  
Secretary of State





## **Mission**

NHHRC compassionately supports people who use drugs (PWUD) in collaboration with other harm reduction programs, promotes evidence-based strategies, and upholds the inherent worth of all people through advocacy and education.

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning ..... 2022, and ending ..... 20 .....

**2022**

Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**NEW HAMPSHIRE HARM REDUCTION  
COALITION**

EIN or SSN

**83-2689375**

Name and title of officer or person subject to tax

**SHANNON SWETT  
TREASURER**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>780,661</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize HOWARD & DIONNE CPAS, PLLC to enter my PIN 03821 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax [Signature] Date 01/08/24

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 02183331228  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ROBERT V. DIONNE, CPA Date 01/08/24

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2022 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **NEW HAMPSHIRE HARM REDUCTION COALITION**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1 WASHINGTON ST, UNIT 3114**  
 City or town, state or province, country, and ZIP or foreign postal code  
**DOVER NH 03821**

**D** Employer identification number  
**83-2689375**

**E** Telephone number  
**603-418-5531**

**G** Gross receipts \$ **780,881**

**F** Name and address of principal officer:  
**JESSICA CARTER**

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.NHHRC.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2019** **M** State of legal domicile: **NH**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NEW HAMPSHIRE HARM REDUCTION COALITION'S MISSION IS TO DEVELOP, SUPPORT AND PROMOTE POLICIES, PRACTICES AND SERVICES THAT REDUCE THE HARMFUL CONSEQUENCES OF SUBSTANCE USE AND MISUSE IN NEW HAMPSHIRE.		
	2 Check this box <input type="checkbox"/> 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	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	25
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	525,489	757,194
	9 Program service revenue (Part VIII, line 2g)	42,227	22,683
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14	33
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		751
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	567,730	780,661
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		214,148	419,482
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25)		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		187,473	427,436
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	401,621	846,918	
19 Revenue less expenses. Subtract line 18 from line 12	166,109	-66,257	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 216,548	End of Year 199,938
	21 Total liabilities (Part X, line 26)	13,114	62,761
	22 Net assets or fund balances. Subtract line 21 from line 20	203,434	137,177

**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: *[Signature]* Date: \_\_\_\_\_  
**SHANNON SWETT** **TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **ROBERT V. DIONNE, CPA** Preparer's signature: **ROBERT V. DIONNE, CPA** Date: **01/09/24** Check  self-employed  PTIN: **P00031228**  
 Firm's name: **HOWARD & DIONNE CPAS, PLLC** Firm's EIN: **47-1886323**  
 Firm's address: **P.O. BOX 847 RAYMOND, NH 03077-0847** Phone no.: **603-895-0101**

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

TO DEVELOP, SUPPORT, AND PROMOTE POLICIES, PRACTICES, AND SERVICES THAT REDUCE THE HARMFUL CONSEQUENCES OF SUBSTANCE USE AND MISUSE IN NEW HAMPSHIRE.

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 \$ 747,120 including grants of \$ ) (Revenue \$ 22,683 )

TO DEVELOP, SUPPORT AND PROMOTE POLICIES, PRACTICES, AND SERVICES THAT REDUCE THE HARMFUL CONSEQUENCES OF SUBSTANCE USE AND MISUSE IN NEW HAMPSHIRE. GOALS INCLUDE ENDING THE OVERDOSE EPIDEMIC IN NEW HAMPSHIRE, REDUCING DISEASE TRANSMISSION AND RATES OF INFECTION, AND ADVOCATING FOR HARM REDUCTION. IN 2022 THE ORGANIZATION: OPENED A NEW SYRINGE EXCHANGE PROGRAM IN CONCORD, NH; REVERSED OVER 1,000 OVERDOSES; DISTRIBUTED OVER 565,000 STERILE SYRINGES, NEARLY 10,000 SAFER INJECTION KITS, 3,000 WOUND CARE KITS, 2,000 INJECTION ALTERNATIVE KITS, AND OVER 2,000 CONDOMS; AND SERVED ALMOST 1,500 UNIQUE PROGRAM PARTICIPANTS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 747,120

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		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	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		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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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		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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		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	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
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		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		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.	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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X

1a	2
1b	0

**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 11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
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 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	<b>Section 501(c)(21) organizations.</b> Did the trust, 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

**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	10		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	10		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		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	X	
12c			
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
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?		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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 SHANNON SWETT 1 WASHINGTON ST UNIT 3114 DOVER NH 03821 603-418-5531

**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 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 dotted 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) DAN ANDRUS AT-LARGE	2.00 0.00	X						0	0	0
(2) JOHN BURNS VICE CHAIR	5.00 0.00	X		X				0	0	0
(3) JESSICA CARTER CHAIR	5.00 0.00	X		X				0	0	0
(4) BILL DAVIS SECRETARY	5.00 0.00	X		X				0	0	0
(5) JASON LUCEY AT-LARGE	2.00 0.00	X						0	0	0
(6) ELLEN PLUMB MD AT-LARGE	2.00 0.00	X						0	0	0
(7) VASUKI NAGARAJ MD AT-LARGE	2.00 0.00	X						0	0	0
(8) HELEN MREMA AT-LARGE	2.00 0.00	X						0	0	0
(9) HON. TINA NADEAU AT-LARGE	2.00 0.00	X						0	0	0
(10) SHANNON SWETT TREASURER	5.00 0.00	X		X				0	0	0
(11)										



**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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	601,601			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	155,593			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>757,194</b>			
Program Service Revenue	2a TRAINING		Business Code			
				17,128	17,128	
	b MISCELLANEOUS			5,555	5,555	
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>			<b>22,683</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33	33	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents			(i) Real	(ii) Personal	
		6a				
		6b Less: rental expenses	6b			
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory			(i) Securities	(ii) Other	
		7a				
		b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a			
	b Less: direct expenses		8b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a	971			
b Less: cost of goods sold		10b	220			
c Net income or (loss) from sales of inventory			751		751	
Miscellaneous Revenue	11a		Business Code			
	b					
	c					
	d All other revenue					
	<b>e Total. Add lines 11a-11d</b>					
	<b>12 Total revenue. See instructions</b>			<b>780,661</b>	<b>22,716</b>	<b>0</b>

**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				
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				
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	363,896	350,210	13,686	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	24,704	23,775	929	
10 Payroll taxes	30,882	29,721	1,161	
11 Fees for services (nonemployees):				
a Management	16,048		16,048	
b Legal				
c Accounting	8,525		8,525	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	110,486	110,486		
12 Advertising and promotion	8,697	8,697		
13 Office expenses	21,237		21,237	
14 Information technology				
15 Royalties				
16 Occupancy	35,761		35,761	
17 Travel	25,712	25,712		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,038	19,200	838	
23 Insurance	15,253	14,537	716	
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 SYRINGE SUPPLIES	112,394	112,394		
b MISCELLANEOUS	26,922	26,469	453	
c SYRINGE DISPOSAL	10,071	10,071		
d JOB & WAREHOUSE SUPPLIES	8,311	8,311		
e All other expenses	7,981	7,537	444	
25 Total functional expenses. Add lines 1 through 24e	846,918	747,120	99,798	0
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 <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	196,981	1	167,044
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,313	4	7,650
	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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 45,354		
	b Less: accumulated depreciation	10b 20,110	2,254	10c 25,244
	11 Investments—publicly traded securities		11	
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		216,548	16	199,938
Liabilities	17 Accounts payable and accrued expenses	13,114	17	62,761
	18 Grants payable		18	
	19 Deferred revenue		19	
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		13,114	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	203,434	27	137,177
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 <b>Total net assets or fund balances</b>	203,434	32	137,177
33 <b>Total liabilities and net assets/fund balances</b>	216,548	33	199,938	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	780,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	846,918
3	Revenue less expenses. Subtract line 2 from line 1	3	-66,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	203,434
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	137,177

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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? 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?		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		

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **NEW HAMPSHIRE HARM REDUCTION COALITION**

Employer identification number  
**83-2689375**

**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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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						<input type="checkbox"/>

**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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

**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.")		59,545	178,396	525,489	757,194	1,520,624
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				42,227	22,683	64,910
3 Gross receipts from activities that are not an unrelated trade or business under section 513		19,300	103,015		971	123,286
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		78,845	281,411	567,716	780,848	1,708,820
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,708,820

**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		78,845	281,411	567,716	780,848	1,708,820
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		7	31	14	33	85
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b		7	31	14	33	85
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)		78,852	281,442	567,730	780,881	1,708,905
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 <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	95.55 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

- 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 on 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, IRS status, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	<b>Total annual distributions.</b> 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	<b>Total of lines 3a through 3e</b>		
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	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	<b>Breakdown of line 7:</b>		
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.)

Area with horizontal dashed lines for supplemental information.

**Schedule B  
(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
**NEW HAMPSHIRE HARM REDUCTION  
COALITION**

Employer identification number  
**83-2689375**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

NEW HAMPSHIRE HARM REDUCTION

83-2689375

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AIDS UNITED 1634 EYE ST NW SUITE 1100 WASHINGTON DC 20006-4003	\$ 66,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NH DHHS BUREAU OF DRUG & ALCOHOL SERVICES 129 PLEASANT ST CONCORD NH 03301	\$ 82,593	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NH DHHS OVERDOSE DATA TO ACTION (OD2A) 129 PLEASANT ST CONCORD NH 03301	\$ 519,008	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GRANITE UNITED WAY 125 AIRPORT RD CONCORD NH 03301	\$ 8,333	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NH DHHS INTEGRATED DELIVERY NETWORK STRAFFORD COUNTY 129 PLEASANT ST CONCORD NH 03301	\$ 63,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NH CHARITABLE FOUNDATION 37 PLEASANT ST CONCORD NH 03301	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

NEW HAMPSHIRE HARM REDUCTION COALITION

Employer identification number

83-2689375

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, 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: 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register; 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.

Table with 2 columns: Description, Amount. Rows include: 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.; 1b 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  Yes  No

**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
  - b Permanent endowment %
  - 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:
- (i) Unrelated organizations
  - (ii) Related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- |        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		45,354	20,110	25,244
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				25,244

**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. (Column (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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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



**Part XIII | Supplemental Information** *(continued)*

Area with horizontal dashed lines for supplemental information.

**SCHEDULE L**  
**(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

NEW HAMPSHIRE HARM REDUCTION

Employer identification number

83-2689375

COALITION

**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	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b>							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization NEW HAMPSHIRE HARM REDUCTION COALITION	Employer identification number 83-2689375
---	--

AMENDED RETURN EXPLANATION

IT'S OUR UNDERSTANDING THAT OUR PREVIOUS TAX PREPARER TIMELY FILED AN EXTENSION FOR THIS 2022 FORM 990 FOR MAY 15, 2023, THEN SUBSEQUENTLY FILED AN INCOMPLETE ORIGINAL 2022 FORM 990 FOR NOVEMBER 15, 2023 ON OUR BEHALF. THIS TAX PREPARER HAS SINCE BEEN UNRESPONSIVE, SO WE ENGAGED ANOTHER TAX PROFESSIONAL TO PREPARE THIS AMENDED 2022 FORM 990.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN IS PREPARED BY AN INDEPENDENT ACCOUNTANT, THEN REVIEWED AND ACCEPTED AT MEETING OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ALL OFFICERS AND DIRECTORS ATTEST TO UNDERSTANDING OF CONFLICT OF INTEREST POLICY. PERPETUAL MONITORING AND PERIODIC REVIEW IS CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
PERIODIC REVIEWS ARE COMPLETED TO DETERMINE IF COMPENSATION AND BENEFITS ARE REASONABLE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
AVAILABLE UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

Name of the organization

Employer identification number

NEW HAMPSHIRE HARM REDUCTION

83-2689375

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

OTHER FEES

\$ 110,486

\$ 0

\$ 0

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **NEW HAMPSHIRE HARM REDUCTION COALITION** Identifying number **83-2689375**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election.	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	838
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	19,200
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,038
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25 19,200
26 Property used more than 50% in a qualified business use:
VAN 08/29/22 100.00% 43,028 23,828 5.0 200DBHY
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 19,200
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No [X]
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners Yes No [X]
39 Do you treat all use of vehicles by employees as personal use? Yes No [X]
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Yes No [X]
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Yes No [X]
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2022 tax year (see instructions):
43 Amortization of costs that began before your 2022 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44

## 2024 NHHRC Board of Directors

**Jessica Carter (she/her)**

*Chair*

Jessica.Carter@NHHRC.org

**Affiliation:** Executive Director of Revive Recovery Resource Center

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Bill Davis (he/him)**

*Vice Chair*

Bill.Davis@NHHRC.org

**Affiliation:** Retired

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Jennifer Beaudoin**

*Treasurer*

Jennifer.Beaudoin@NHHRC.org

**Affiliation:** Comcast Business

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Helen Mrema (they/them)**

*Secretary*

Helen.Mrema@NHHRC.org

**Affiliation:** ACLU

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Dan Andrus (he/him)**

*At-large*

Dan.Andrus@NHHRC.org

**Affiliation:** Director SUD Treatment Project, Foundation for Healthy Communities

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Jason Lucey (he/him)**

*At-large*

Jason.Lucey@NHHRC.org

**Affiliation:** Assistant Professor and Director of Advanced Practice Programs at MGH Institute of Health Professions, School of Nursing

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Shannon Swett (she/her)**

*At-large*

Shannon.Swett@NHHRC.org

**Affiliation:** Vice President of Public Health, Granite United Way

**Home** [REDACTED]

**Phone:** [REDACTED]

**Vasuki Nagaraj, MD, MPH, FAAFP (he/him)**

*At-large*

Vasuki.Nagaraj@NHHRC.org

**Affiliation:** Chief Medical Officer, Lamprey Health Care

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Tina Nadeau (she/her)**

*At-large*

Tina.Nadeau@NHHRC.org

**Affiliation:** NH Superior Court Chief Justice

**Home Address:** [REDACTED]

**Phone:** [REDACTED]

**Lauren E McGinley**

---

**Objective**

I welcome the opportunity to work as an integral part of a team of community members that are dedicated to the health, safety, and advocacy of people living in New Hampshire and the surrounding area.

---

**Work Experience**

**Granite United Way**

Manchester, NH

Concord, NH

Ossipee, NH

603-625-6939

Sr. Director of Public Health, Granite United Way

211 NH State Opioid Response Project Director, January 2019-Current

211 NH Resource Database Manager, March 2018-December 2018

I am the Sr. Director of Public Health for Granite United Way, overseeing two teams of public health professionals located in two regions of the state of New Hampshire. Currently, I am also serving as the State Opioid Response Project Director for 211 NH and Granite United Way. This position is responsible for representing 211 NH in the planning and implementation of the new statewide Doorways project.

**New Generation Inc.**

Greenland, New Hampshire

603-436-4989

Parenting Education and Aftercare Coordinator, August 2012-February 2018

Whole Health Outreach Coordinator August 2008-August 2012

I was the Parenting Education and Aftercare Coordinator at New Generation Inc, in Greenland, New Hampshire. This is a facility dedicated to providing long term support, education, and shelter to homeless families. I directed all educational programming and aftercare programming for both current and past residents. My previous position as the Whole Health Outreach Coordinator involved developing the current policies and practices of the shelter programming.

**Joan G. Lovering Health Center**

Greenland, NH

603-436-7588

Clinic Support Staff, October 2013 - February 2017

In October of 2013 I was excited to begin working with The Joan G. Lovering Health Clinic (formerly the Feminist Health Center). Duties included health counseling, organizational tasks, proficient use of Word and Excel, and the scheduling of appointments with a strong understanding and commitment to HIPAA standards.

---

### **Education**

#### **Goddard College**

123 Pitkin Rd.

Plainfield, VT, 05667

Attended Goddard College's Bachelors of Health Arts and Sciences Program.

---

### **Skills and Certifications**

#### **Certified Facilitator**

##### **The Nurturing Parenting Program**

This is an evidence based parent/child education program. I facilitate one weekly group session with 7-10 women and one weekly individual sessions with each participating family.

#### **Certified Red Cross First Aid/ CPR/ AED Instructor**

I am titled as an "Authorized Provider" to instruct and certify individuals in First Aid, CPR and AED. I am able to provide this service to the employees and volunteers of the organization that employs me.

#### **Certified Infant Massage Instructor**

Liddle Kidz Foundation

I am able to provide professional instruction of the techniques of infant massage to parents and caregivers. I recently traveled to Vietnam with 14 other women to introduce nurturing touch and care techniques to 10 different orphanages throughout the country.

#### **Certified HCV Basic Educator and Counselor**

##### **HCV Advocate**

I am certified to provide education on the most current prevention methods and health practices concerning Hepatitis C.

#### **Certified in CPI (Crisis Prevention and Intervention)**

I have attended many different trainings offered by the State of New Hampshire, including workshops on Substance Abuse Counseling, Suicide Prevention, and Bloodborne Pathogen Education.

Liz Beaulé



## Bio

### Work Experience

COVID Vaccine Pathway Coordinator  
NH Harm Reduction Coalition- Statewide  
April 2021 to Present

I am responsible for identifying and building more equitable pathways to vaccines for PWUD in the state of NH through funding from AIDS United and NASTAD. I work with each region of the state to identify barriers for vaccination and provide adequate education on the topic to PWUD. I work to set up vaccine clinics with various partners throughout the state and create pathways to get a vaccine at secondary times and locations.

Care Coordinator  
NH Harm Reduction Coalition- Concord, NH  
November 2020 to Present

I am responsible for identifying, engaging, and building supportive and strengths-based relationships with participants, or potential participants of the Concord Area Syringe Services Program of NHHRC. I facilitate referrals, navigation and linkage to services and supports to meet the self identified needs of program participants. I engage in community street outreach with other collaborative organizations. In working with other organizations through my role I work to best support clients needs and advocate for what they desire out of programs they are engaged with. I help to support and educate other organizations that want to adopt harm reduction principles and act as a contact point for any information they may need when working with PWUD.

Counselor Assistant  
Sobriety Centers of New Hampshire - Antrim, NH  
July 2019 to November 2020

This is a 21 bed all women's 28 day facility. As a CA I work directly with clients to be a form of support and resources. I teach group classes which aid in each client's recovery process. We are responsible for administering and documenting medications for each client. We also document any needed COWS or CIWA. Our main goal is to keep the women in our care safe and sober while they learn tools to cope with their recovery.

Patient Access Coordinator  
Concord Orthopaedics - Concord, NH  
January 2019 to May 2019

Responsible for all new patients coming in through both first time calls into the office and referrals for all 35 doctors of the practice. Answering all incoming calls on the new patient lines. Building new patient accounts. Verify insurance information. Responsible for all incoming faxes regarding new patients and insurance referrals. Sorting, organizing, and designating of all new patient referrals and their placement in the SRS system. All new patient information to be maintained in a 24 hour turnaround time.

Receptionist- Check In Clerk  
GI Associates of NH - Concord, NH  
April 2018 to January 2019

Responsible for making patients phone calls, checking patients in and out of Patients Management system for appointments, collecting co-pays, obtaining all the insurance referrals for patients, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls into EMR system, working with patients to resolve customer service issues, working with the Concord Hospital system Cerner to pull patients records, and any other tasks needed in the day to day office.

Optical Shop Assistant  
Concord Eye Center  
March 2017 to April 2018

Responsible for making calls, helping patients with glasses, and maintaining optical shops appearance, keeping track of orders and stock, keeping track of shipments, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls and dealing with all customer service issues.

Patient Care Coordinator  
Concord Eye Center  
May 2015 to March 2017

Responsible for taking phone calls, making appointments for patients, triaging medical issues and recording issues into Allscripts Patient Management, scanning paperwork into patients charts, pulling information from patient records and recording messages from incoming and outgoing calls keeping track of patient medical records and troubleshooting any and all customer service issues.

Education  
High School Diploma  
John Stark Regional High School - Weare, NH  
Bachelor's degree in Psychology  
New England College - Henniker, NH  
CRSW Recovery Coach Academy

Volunteer Work  
Student Activist Coordinator with Amnesty International  
January 2013 to January 2015

I was responsible for all youth groups with Amnesty International in the state of NH. I helped them organize protests, put together campaigns and kept track of the activities they were running. I attended regional and national training for human rights as a coordinator with the program

# Lisa Chapman

---

I am an experienced professional with strong planning, customer service, and project management skills who enjoys working with organizations who provide opportunities for me to enhance my skills while working to serve the community.

## Work Experience

---

### ***Project Coordinator for Integrated Delivery Network, Region 6***

Independent Contractor - County of Strafford, NH      September 2019 to present

- Website updates
- Google Business email account management
- Meetings and events coordination
- Scholarship processing
- Invoice management
- Large group email communication
- General organizational support

### ***Grants Coordinator/Policies and Procedures Manager***

Lamprey Health Care – Newmarket, NH (partially remote)      August 2020 to present

- Management of 300+ policies and procedures
- Administer grants process
- Board of Directors liaison
- Project coordination
- Create and maintain organizational chart
- Prepare insurance renewal applications
- Process and file tax abatement documents

### ***Administrative Assistant***

Lamprey Health Care – Newmarket, NH      October 2014 to August 2020

- Provide administrative support to CEO, CFO, and other senior executives
- Schedule and assist with corporate meetings
- Conduct quarterly training for staff on Outlook and WebEx
- Maintain policies and procedures
- Prepare insurance renewal applications
- Process and file tax abatement documents
- Screen phone calls and emails
- Arrange travel for conferences
- Process mail, log checks, and prepare deposit
- Create and maintain organizational chart
- Board of Directors liaison
- Suggest and implement process improvements
- Purchasing Lead
- Contracts and vendor coordination

### ***Executive Administrative Assistant II, III, IV***

Applied Materials - Santa Clara, CA & remote      December 2000 to August 2014

## Lisa Chapman

- Provided administrative support to senior executives and their groups
- Provided executive administrative support to General Manager and staff of \$2B services division
- Screened emails and phone calls for senior executives, responding when appropriate
- Maintained strict confidentiality of sensitive information such as personnel, financial, and legal information
- Coordinated company events including the annual employee picnic, staff off-site meetings, Town Hall meetings, and global conferences
- Prepared travel arrangements, presentations, and expense reports
- Updated group calendars and databases
- Reviewed and approved expense reports, accounts payable requests, statements of work, purchase orders, HR requisitions, shipping requests, payroll requests, inventory adjustments, cell phone requests, etc., for General Manager, Vice Presidents, and other executives
- Kept updated travel schedules for senior management and groups within the organization
- Acted as a liaison between various departments and all levels of management
- Managed employee award programs
- Coordinated small group discussions with executives as a vehicle for staff to share ideas and opinions
- Organized, edited, and distributed a newsletter and other communications
- Lead and mentored a group of 5 executive administrators
- Awarded Employee of the Quarter in two separate quarters
- Promoted to highest grade level possible within my division; consistently received highest rating in performance evaluations

### ***Executive Administrative Assistant I, II***

- Provided administrative support to senior staff members and their groups
- Maintained schedules for site managers and operations directors in Services group supporting company's largest and most strategic customer
- Prepared new hire packets, assisted with new hire orientation, and tracked training progress
- Processed timecards for 75+ field service engineers
- Coordinated large group meetings, both on-site and off-site
- Distributed mail
- Filed documents
- Worked at company office and customer's site

### ***Administrative Assistant***

Protamps (assigned to Applied Materials) - Santa Clara, CA July 2000 to December 2000

- Provided administrative assistance to a senior director, a site manager, and a group of engineers

### ***Customer Service Associate***

Oxford Health Plans - Nashua, NH June 1997 to June 2000

## Anastasia McGrath



### **Education**

#### **Bachelor of Science in Accounting**

Southern New Hampshire University - Manchester, NH August 2021 to July 2024

#### **Associate of Science in Accounting**

Southern New Hampshire University - Manchester, NH July 2019 to June 2021

### **Work Experience**

#### **Human Resources/ Payroll/ Accounting Specialist and Manager**

Silvalinings Assembly, LLC - Remote

April 2021 to January 2023

- Calculating net salaries, deductions, and withholdings
- Updating payroll files and general ledger
- Resolving payroll issues
- Participate in payroll audits
- Oversee employee paychecks
- Ensure payroll and tax documents are accurate
- Prepare accounting files, records, and schedules
- Monitor paid and unpaid leaves
- Process overtime earnings or holiday deductions
- Resolve payroll problems (e.g. overlooked bank holidays, late payments, etc.)
- Answer employee questions concerning payroll
- Participate in payroll audits
- Ensure compliance with governmental laws on payroll accounting and taxes
- Maintain HR Systems and processes
- Conduct performance and salary reviews
- Investigate employee issues and conflicts, bring them to a resolution

Customer Service Representative Installation Made Easy, Inc. - Remote

October 2020 to April 2021

- Handle customer complaints
- Keep records of customer interactions
- process customer accounts and file documents.
- Follow communication procedures, guidelines and policies

**Direct Care Professional**

The Institute of Professional Practice - Concord, NH  
September 2019 to February 2020

(laid off due to covid-19)

- Attend to the needs of each resident, including assisting them with grooming, bathing, hygiene, toileting to include incontinence, feeding and communicating other individual needs they may have
- Support the needs and goals of each resident by taking them to medical appointments, to visit family and friends, to preferred leisure/recreational activities, and encouraging them to socialize with peers
- Follow all physicians' orders, including administration of medication

**Warehouse Clerk**

Rustic Crust - Pittsfield, NH  
August 2018 to August 2018

(Temp- filling in for maternity leave employec)

- Incoming and outgoing inventory check/ paperwork
- Billing
- Scheduling appointments with vendors/ buyers
- Creating and revising all paperwork with companies
- Organizing previous years paperwork and inventory check
- Creating shipping labels

Service Appointment Coordinator Auto Serv of Tilton -  
Tilton, NH

June 2017 to September 2017

- Answering Incoming and making outgoing calls
- Scheduling appointments
- Answering questions about cars
- Coding and Scanning
- Organizing car info/ billing packets
- Creating/ revising titles

## Rebecca L. Martin

Highly organized and detail-oriented person in long-term recovery who works well independently and/or in a team-oriented environment. Hardworking individual who excels at multitasking and solving difficult problems efficiently and promptly.

### Work History:

#### *Case Manager II*

Riverbend Community Mental Health Center, Concord NH August 2021 - Present  
Doorway at Concord

- Coordinate treatment referrals for clients based on insurance coverage and level of care.
- Community outreach with local partners to provide resources, education, and harm-reduction supplies
- Assist clients with overcoming barriers to treatment including transportation, recovery and community housing, food stamps, and medical insurance.
- Track, document, and process flex funds related to the client's usage
- Enter data for WITS, maintain, track, and complete GPRAs for current and previous clients

#### *Recovery Support Specialist/ CRSW*

Riverbend Community Mental Health Center, Concord NH March 2019 - August 2021  
Doorway at Concord

- Provide support to clients in person or via Zoom/Doxy telehealth with recovery-oriented skills, activities of daily living, socialization, and community integration
- Maintain and enter notations in EMR according to Riverbend policies and procedures
- Complete orientation documentation with clients for consent to treat, rights & responsibilities, CFR 42 Part 2 Privacy and releases of information.
- Coordinate care for clients regarding outgoing referrals including treatment provider contact.
- Track, document, and promote Naloxone distribution for clients and community organizations.
- Answer and provide support to incoming internal and 211 calls.

#### *Senior Business Development Representative*

September 2018 - March 2019

Good Leads - Nashua, NH

- Outbound cold calls to initiate B2B interactions
- Provided client with lead contacts to further business sales and feedback regarding provided contact lists
- Utilized Linked In Sales Navigator to obtain new contacts for client

#### *True Religion Team Lead Supervisor*

November 2017 to September 2018

OnBrand24 - Portsmouth, NH

- Monitored CSRs in order to ensure that all calls were handled in an accurate and professional manner according to True Religion policies and procedures
- Conducted employee training, coaching, and disciplinary action when necessary
- Identified and resolved customer complaints

#### *Overnight Supervisor*

October 2014 to August 2015

McDonald's - Main St. Concord, NH

- Supervised overnight staff; distributed tasks and assigned positions
- Kept restaurant neat, clean, and secure while also assisting and serving customers
- Solved customer dissatisfaction in a professional, and courteous manner.

#### *Medical Assistant/Office Supervisor*

February 2007 to September 2008

Dr. Bijoy Kundu Family Practice - Manchester, NH

- Performed clerical duties; word processing, data entry, call logs, faxing, and filing.
- Performed procedures including blood draw, lung velocity, vaccinations, bone density, and EKGs.
- Trained staff and aided students with quality control, medical ethics/codes, and office procedures

### Education and Certification:

*Certified Recovery Support Worker CRSW*

October 2020 - Present

NH Board of Licensing for Alcohol and Other Drug Use Professionals

*Bachelor's Degree in Human Services - Concentration in Addiction Studies*

Oct 2018 - Present

Southern NH University - In Progress

*Medical Assistant Training*

Seacoast Career School - Manchester, NH Graduated May 2007

Certified Medical Assistant

## Mandy Bemis



Authorized to work in the US for any employer

### Work Experience

---

#### **Actor**

SAG-AFTRA-Boston, MA  
December 2018 to Present

I'm a union member and work frequently as an actor (and extra) in film, tv and stage productions in New England. I also write and direct independent movies locally.

#### **Housing Counselor**

Friends Program-Concord, NH  
March 2016 to Present

I'm support staff responsible for overseeing a multifamily shelter. My responsibilities include helping clients access resources, mediating conflicts between clients, and ensuring the safety of everyone on-site. I'm also on the DEI/safety committee.

#### **Residential Counselor**

Crotched Mountain  
2010 to December 2015

- 3rd shift supervision of a residential setting for adolescents with developmental disabilities.
- Responsible for nightly cleaning of residence, care for residents as needed.

#### **Crew Leader Assistant, Crew Leader, Field Operations Supervisor**

2010 US Census-Pittsfield, MA  
April 2010 to August 2010

- Worked in three separate field operations in supervisory roles based out of the Pittsfield, MA census office.
- Responsible for reviewing and delegating the assignments of a staff of 20-25 as crew leader and assistant, and 100+ as a field operations supervisor.
- Consistently completed regional goals for census operations ahead of budget and schedule.

#### **Case Manager**

Berkshire County Arc-Dalton, MA  
2006 to 2010

- Responsible for the creation and implementation of daily goals for people with developmental disabilities.
- Directly supervised a staff of 10+.

- Worked directly with families and members of the community to support people with disabilities.
- Ran a monthly group for men with traumatic brain injuries devoted to discussing relationships, sexuality and healthy choices.

### **Projectionist**

Images Cinema-Williamstown, MA  
2002 to 2010

- Responsible for the assembly, breakdown and exhibition of 35mm film prints and trailers.
- Wrote for the Images Focus monthly newsletter.
- Ran projection and assisted in organizing events for the Williamstown Film Festival, filmmaker Q&As and advance screenings.

### **Seasonal Associate**

Kidspace @ Mass MoCA-North Adams, MA  
July 2005 to October 2005

- Oversaw the daytime operations of the children's center at one of the largest contemporary arts museums in the nation.
- Primarily responsible for working with museum guests.
- Worked directly with visual artists in preparing their works for display.

### **Sales Associate**

Suncoast Motion Picture Co  
2000 to 2002

- Responsible for sales and customer service.
- Also responsible for daily maintenance of the store.
- Set up new release and promotional displays and signage.

## **Education**

---

### **Bachelor of Arts in English/Communications**

Massachusetts College of Liberal Arts  
2006

## **Skills**

---

- Microsoft Office
- Microsoft Office (10+ years)
- Adobe Premiere (1 year)
- Adobe Creative Suite (1 year)

## Certifications and Licenses

---

### **CPR Certification**

April 2024 to April 2025

# Kellene Mulcahy



Authorized to work in the US for any employer

## Work Experience

---

### **Care Coordinator**

NHHRC - Manchester, NH  
January 2022 to Present

Distributes naloxone to individuals within the community.

Provide and distribute harm reduction supplies ie: safe sex supplies, wound care supplies, safe injection supplies, and assist in any way to help individuals reduce harm when not making the safest decisions.

Comment and properly dispose of used syringes.

### **Public Health Advisor**

BPHC - Boston, MA  
October 2019 to November 2021

1. Educate participants on harm reduction model as it pertains to substance use.
1. Conduct HIV, Hep C and STI testing. Set up proper referrals upon a positive diagnosis.
2. Educate participants on safe injection practices.
3. Provide new syringes and safe injection supplies to participants.
4. Conduct outreach within the community to spread awareness of harm reduction and safe injection practices.
5. Refer participants to appropriate medical, mental health or substance use providers.

### **Aftercare Coordinator/Case manager**

Dimock Detox - Roxbury, MA  
August 2018 to October 2019

- Work directly with clients to get a better understanding of their treatment goals.
- Fax all necessary paperwork to corresponding facilities to be reviewed for admission to said program.
- Keep regular contact with surrounding CSS/TSS programs to be able to send clients to further treatment when it is their time to move on.
- Keep an ongoing, professional relationship with numerous MAT providers/clinics, CSS/TSS programs and any other resources needed to best serve our clients.
- Schedule MAT appointments and obtain bridge prescriptions for clients upon discharge.
- Break down client charts, fill out and have client sign all necessary discharge documents.

### **Intake/Recovery Specialist**

Gavin Foundation - Quincy, MA  
July 2017 to August 2018

- Run billing and Census reports to review previous day's admissions for errors and rectify.

- Maintain Census boards for consistency.
- Generate/collect transfer paperwork, confirming insurance authorizations have been obtained.
- Process transfers, completing EMR transfer and signing forms.
- Welcome new clients and answer family questions and concerns
- Process admissions electronically
- Observe client urine and shower (per protocol)
- Search, inventory and treat all client belongings in bed bug machines. Wash & Dry laundry for incoming ATS clients if needed.
- Maintain Proper storage of belongings, documenting when belongings are left behind.
- Deliver CSS clients to unit, orienting client and documenting new admission's arrival on all boards.

### **Relief Staff**

Meridian House - East Boston, MA  
November 2017 to January 2018

- Ensure the health and safety of the individuals at all times through a conscientious awareness of their activities and assist as needed.
- Assist in implementing and teaching ISP/PSTP goals and objectives, as well as agency requirements through the implementation of all protocols and communication systems.
- Ensure proper administration and documentation of all medication.
- Participate in housekeeping and maintenance of the house and vehicle.
- Conduct self in a professional manner in all interactions with residents and co-workers.
- Participate in monthly supervision with program coordinator.

### **Recovery Specialist**

Dimock Center - Roxbury, MA  
October 2016 to April 2017

- Maintaining order and structure on the unit with and for the clients, making sure the milieu runs and operates smoothly and effectively.
- Helping clients feel comfortable and safe while detoxing and transitioning into further treatment.
- Assisting the nursing and administration staff with the intake and assessment process of the clients' day to day activities and discharges.
- Enforces rules and taking necessary disciplinary action when needed.

### **Store Manager**

Dunkin Donuts - Salem, MA  
May 2015 to July 2016

- Providing excellent and efficient customer service.
- Putting together weekly employee schedule
- Placing and receiving weekly food/ supply deliveries
- Calculating and submitting weekly payroll
- Training employees
- Resolving workplace issues/ conflicts
- Bank runs/ money drops
- Cashing in/out at beginning and end of shifts
- Printing daily reports

## Education

---

### **Bachelor's in Public health**

SNHU - Manchester, NH

September 2019 to Present

### **High school or equivalent**

## Skills

---

- Case Management
- Time Management
- training
- Outlook
- Documentation
- retail sales
- ATS
- CSS
- Insurance Verification
- Public health

## Certifications and Licenses

---

### **Drug and Alcohol Counseling**

Present

Completed Core classes for ACEP program at Umass Boston.

# HAN HAMEL

## Hello!

I'm a graphic designer who strives to be innovative, collaborative, authentic, and empathetic in all areas of my life. I care deeply about human, animal, and environmental rights and aim to use my talents as a graphic designer to bring awareness to these topics.

## Skills

Graphic design (6 years)

Social media content creation (6 years)

Social media management (6 years)

Google workspace (6 years)

Adobe Suite (6 years)

Wordpress/Wix (2 year)

Product development (2 years)

Canva (5 years)

## Experience

### DIRECTOR OF MARKETING AND SOCIAL ENGAGEMENT

*New Hampshire Harm Reduction Coalition | Feb 2022 - Current*

As the Director of Marketing I have the pleasure of creating all of our digital and printed materials. This entails designing social media graphics/videos, posters, stickers, t-shirts, flyers, and blog/website graphics. Along with being the resident graphic designer I also manage the social media. This encompasses copy writing, analytic/engagement tracking, engaging with our followers and more.

### ARTS AMBASSADOR ENGAGEMENT COORDINATOR

*Arts Alive Inc. | Aug 2021 - April 2022*

As the Arts Ambassadors Engagement Coordinator I planned and hosted virtual and in person meetups for our Ambassadors. I created graphics and email copy for our Ambassadors so they could use them to advocate for the arts. Additionally, I managed Arts Alive's social media (Facebook, Instagram, LinkedIn) and wrote blogs posts that highlighted the Monadnock Region.

## Education

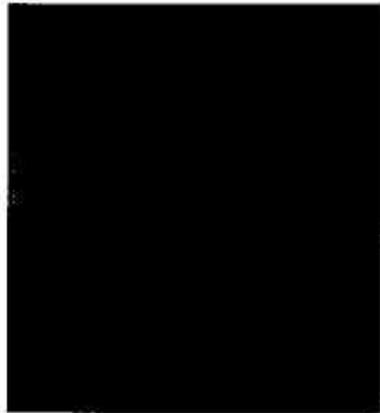
BFA & *cum laude* from New Hampshire Institute of Art  
2013 - 2016

## References

Jessica Gelter

*Executive Director of Arts Alive Inc.*

[Redacted]



# BRIAN SPENCE

---

## OBJECTIVE

Experienced paramedic/ clinical educator seeking to transition to more direct work in harm reduction education and outreach.

## BACKGROUND SUMMARY/ QUALIFICATIONS

Sixteen years of experience in prehospital care and education:

- 911 Paramedic 2006-2020: Binghamton, NY; Pittsburgh, PA; York, PA
- Flight Paramedic 2013-2020: Pittsburgh, PA; Baltimore, MD; Washington, DC
- Instructor, UPMC Critical Care Medicine Fellowship Airway Cadaver Lab
- Clinical Expert: MAD Atomizer, QuikClot, EZ-IO, LMA, Airtraq, T-POD
- Medical Device Clinical Educator 2013-2023: Nationwide; primarily Mid-Atlantic & Northeast
- Clinical Affairs Manager 2020-2023: NY/NJ, Boston/ New England
- Preceptor for new employees/ trainees
- Firefighter/EMT 2001-06, Hamilton FD, Hamilton, NY

Experience in curriculum development and training:

- Revision and redesign of regional ALS protocols, New York.
- Created curriculum for implementation of novel airway management protocol
- Assisted with in-house training programs, including presentations

## EMPLOYMENT

*Volunteer*

NH Mutual Aid Relief Fund

Manchester, NH

2020-Present

Provide direct assistance to unhoused/ vulnerable persons at weekly distribution events. Distribute first aid and harm reduction supplies with impromptu/ ad hoc instruction. Direct outreach to unhoused people at encampments or dispersed sites. Assisted with eviction defense/ support and subsequent relocation after camp dispersals. Provided direct, frequent housing and relocation assistance to multiple unsheltered couples and individuals, such as hotel/boarding house arrangements, tent site relocation, inter-city transportation, multi-state travel, first aid care, hospital visits and food/ supply delivery.

*Clinical Affairs Manager - Northeast*

Teleflex, Inc.

Wayne, PA

2020-2023

Provided/ coordinated inservice and cadaveric education for paramedics, ED/ICU nurses and physicians on safe and effective use of Teleflex resuscitation products. Developed relationships with clinicians in all major hospitals to tailor education programs to facility needs and consult on patient cases. Created ad-hoc virtual/hybrid education to train clinicians in response to COVID-19. Developed educational content delivered by clinical educators/ sales staff globally. Answered national 24/7 clinical support line.

*Clinical Educator*

Teleflex, Inc.

Wayne, PA

2015-2020

Provided instruction on safe and effective use of Teleflex resuscitation products in prehospital and hospital environments via hands-on inservices and cadaveric education. Adept at instruction for all levels of health care providers. Early adopter of airway curriculum. Introduced novel concept for airway cadaveric education.

*Flight Paramedic* STAT MedEvac Pittsburgh, PA  
2013-2020 York, PA

Provide advanced critical care assessment and intervention to patients received from EMS and interfacility transports. Coordinate care with multiple levels of health care providers, including nurses, PAs and physicians. Introduced changes to airway management protocol. Leader of Shared Governance committees for protocol review and system charting standardization.

*Paramedic/Rescue Technician* Ross/West View EMSA Pittsburgh, PA  
2010-2017

Progressive all-hazards agency providing emergency medical and technical rescue services. Other duties included precepting paramedic students, QA/QI of patient documentation, redesign of ambulance graphics and creation of quarterly newsletter. Led multiple recurrent trainings of agency paramedics.

*Senior Paramedic/ FTO* Superior Ambulance Service Binghamton, NY  
2006 – 2009

911 and interfacility agency in Broome County, including the city of Binghamton. Created instructional curricula for trauma care and instructed paramedic students. Revised regional ALS protocols.

#### **EDUCATION & HONORS**

*Bachelor of Arts* Colgate University Hamilton, NY  
Political Science, 2006

*Paramedic* Center for Emergency Medicine of Western PA Pittsburgh, PA  
Graduated May 2008, 3.84 GPA

*Eagle Scout*

*References available upon request*

NH Department of Health and Human Services

KEY PERSONNEL

List those primarily responsible for meeting the terms and conditions of the agreement.

Job descriptions not required for vacant positions.

Contractor Name: New Hampshire Harm Reduction Coalition

NAME	JOB TITLE	ANNUAL AMOUNT PAID FROM THIS CONTRACT	ANNUAL SALARY
Lauren McGinley	Executive Director	\$32,475.00	\$93,852.00
Han Hamel	Director of Marketing	\$22,350.00	\$58,432.50
Anastasia McGrath	Grants & Finance Manger	\$11,150.00	\$68,000.00
Lisa Chapman	Project Director	\$14,500.00	\$70,229.25
Kellene Mulcahy	Care Coordinator	\$23,625.00	\$47,250.00
Rebecca Martin	Care Coordinator	\$24,300.00	\$48,600.00
Brian Spence	Care Coordinator	\$10,600.00	\$21,120.00
Mandy Bemis	Care Coordinator	\$0.00	\$43,888.00
Elizabeth Beaulé	Director of Education	\$0.00	\$55,000.00

\$139,000.00