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

Lori A. Weaver
Commissioner

Iain N. Watt
Director

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February 10, 2025

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a contract with JSI Research & Training Institute, Inc. d/b/a Community Health Institute (VC#161611-B001), Bow, NH, in the amount of \$505,500 to provide professional support services to enhance public health emergency response capacity at the regional and state level, with the option to renew for up to four (4) additional years, effective upon Governor and Council approval through June 30, 2027. 71% Federal Funds. 29% General Funds.

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

See attached fiscal details.

EXPLANATION

The purpose of this request is to enhance the capability of the Department and regional partners to prepare for, respond to, and recover from all-hazard disasters and emergencies with public health and healthcare implications. The Contractor will support the development and facilitation of various emergency management-focused trainings and exercises in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) standards. The Contractor will also support response plan updates at the state and regional level and support development and implementation of health-related emergency management strategies that protect the health and safety of New Hampshire citizens.

The Contractor will provide services to Department staff and the state's thirteen (13) Regional Public Health Networks, including professional support services to Medical Reserve Corps (MRC) and Community Emergency Preparedness Team (CERT) Coordinators.

The Department will monitor services by reviewing the required quarterly progress reports, updated response plans, and exercise and training evaluation reports submitted by the Contractor.

The Department selected the Contractor through a competitive bid process using a Request for Applications (RFA) that was posted on the Department's website from October 23, 2024, through December 13, 2024. The Department received five (5) responses that were reviewed and scored by a team of qualified individuals. The Scoring Sheet is attached.

Her Excellency, Governor Kelly A. Ayotte
and the Honorable Council
Page 2 of 2

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 four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the Department will lack capacity for the development and implementation of effective health-related emergency management planning and capabilities strategies to protect the health and safety of New Hampshire during an emergency.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number (ALN) 93.889, FAIN #U3REP240773; ALN 93.069, FAIN #NU90TP922018; and ALN 93.069, FAIN #NU90TU000009.

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

Respectfully submitted,

DocuSigned by:

Patricia M. Tilley

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Lori A. Weaver
Commissioner

Fiscal Details

05-95-90-903510-1113, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, HOSPITAL PREPAREDNESS CFDA 93.889 FAIN U3REP240773 100% FEDERAL				
State Fiscal Year	Class / Account	Class Title	Job Number	Amount
2025	074-500589	Grants for Pub Asst and Relief	90077700	\$10,000
2026	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000
2027	074-500589	Grants for Pub Asst and Relief	90077700	\$20,000
			Subtotal	\$50,000

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS CFDA 93:069 FAIN NU90TP922018 69% FEDERAL 31% GENERAL				
State Fiscal Year	Class / Account	Class Title	Job Number	Revised Budget
2025	102-500731	Contracts for Prog Svs	90077410	\$57,500
2026	102-500731	Contracts for Prog Svs	90077410	\$115,000
2027	102-500731	Contracts for Prog Svs	90077410	\$115,000
			Subtotal	\$287,500

05-95-90-903510-1114, HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS & RESPONSE, PH EMERGENCY PREPAREDNESS CFDA 93.069 FAIN NU90TU000009 69% FEDERAL 31% GENERAL				
State Fiscal Year	Class / Account	Class Title	Job Number	Revised Budget
2025	074-500589	Grants for Pub Asst and Relief	90077435	\$168,000
2026	074-500589	Grants for Pub Asst and Relief	90077435	\$0
2027	074-500589	Grants for Pub Asst and Relief	90077435	\$0
			Subtotal	\$168,000

GRAND TOTAL	\$505,500
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**New Hampshire Department of Health and Human Services
 Division of Finance and Procurement
 Bureau of Contracts and Procurement
 Scoring Sheet**

Project ID # RFA-2026-DPHS-03-PUBLI
Project Title Public Health Emergency Preparedness and Management Services

	Maximum Points Available	Emergency Preparedness Solutions, LLC	Hagerty Consulting, Inc.	JSI Research & Training Institute, Inc. d/b/a Community Health Institute	Partnership for Public Health, Inc.	Public Consulting Group LLC
Technical						
Experience (Q1)	275	200	250	275	100	225
Ability (Q2)	250	200	150	250	100	175
Knowledge (Q3)	275	225	225	260	100	250
Staff (Q4)	200	100	150	170	75	175
Total Points	1000	725	775	955	375	825
TOTAL PROPOSED VENDOR COST	<i>Not Applicable for RFA</i>					

Reviewer Name
1 Adnela Alic
2 Stephanie Locke
3 Karen Hammond

Title
Preparedness Section Chief
Bureau Chief
Finance Administrator

Subject: RFA-2025-DPHS-03-PUBLI-01 - Public Health Emergency Preparedness and Management Services

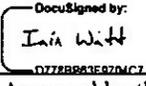
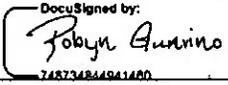
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

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 JSI Research & Training Institute, Inc. d/b/a Community Health Institute		1.4 Contractor Address 501 South Street, 2nd Floor Bow, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2027	1.8 Price Limitation \$505,500
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: 1/31/2025		1.12 Name and Title of Contractor Signatory Katie Robert Director	
1.13 State Agency Signature DocuSigned by:  Date: 2/1/2025		1.14 Name and Title of State Agency Signatory Iain Watt Director - DPHS	
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: 2/3/2025			
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
Public Health Emergency Preparedness and Management Services
EXHIBIT A**

Revisions to Standard Agreement Provisions

1. Revisions to Form P-37, General Provisions

1.1. Paragraph 3, Effective Date/Completion of Services, is amended by 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 four (4) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.

1.2. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5 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
Public Health Emergency Preparedness and Management Services
EXHIBIT B**

Scope of Services

1. Statement of Work

- 1.1. The Contractor must provide public health professional support services in emergency management that includes the following:
- 1.1.1. Conducting and participating in training and exercise needs assessments to determine specific professional development needs.
 - 1.1.2. Coordinating delivery of emergency management-focused training programs based on adult learning theories utilizing various training modalities.
 - 1.1.3. Providing logistical support for conferences, meetings, and exercises.
 - 1.1.4. Providing programmatic support to the Department and contracted providers for areas outlined in this Agreement.
 - 1.1.5. Developing educational materials.
 - 1.1.6. Developing and implementing exercise evaluation plans.

Training, Exercises, and Meetings

- 1.2. The Contractor must conduct and participate in a training and exercise needs assessment to determine specific professional development needs for public health and healthcare emergency responders through the use of surveys, focus meetings, review of After-Action Reports (AARs) or other appropriate tools as determined by the Department.
- 1.3. The Contractor must produce and submit a report summarizing findings and recommendations to the Department for review and approval.

Coordinating delivery of emergency management-focused training programs

- 1.4. The Contractor must ensure training programs are based on adult learning theories utilizing various training modalities. The Contractor must ensure training modalities include:
- 1.4.1. In-classroom sessions.
 - 1.4.2. Virtual sessions via Teams.
 - 1.4.3. Train-the-trainer sessions.
- 1.5. The Contractor must collaborate with the Department to determine the location and number of in-person training sessions.

Providing logistical support for conferences, meetings, and exercises

- 1.6. General Logistical Support for Conferences

**New Hampshire Department of Health and Human Services
Public Health Emergency Preparedness and Management Services**

EXHIBIT B

- 1.6.1. The Contractor must provide logistical support for one (1) annual integrated volunteer conference per state fiscal year, in collaboration with the Department, including:
 - 1.6.1.1. Securing a conference facility and catering services.
 - 1.6.1.2. Developing the conference agenda in coordination with planning teams and ensuring the team convenes, facilitates, and documents each meeting.
 - 1.6.1.3. Compiling e-mail lists to promote conferences using addresses supplied by members of the planning team.
 - 1.6.1.4. Designing and electronically publishing conference brochures, "Save the Date" announcements, and other marketing materials.
 - 1.6.1.5. Designing the layout and printing materials for conference attendees including brochures and handouts relative to specific meeting agendas.
 - 1.6.1.6. Coordinating logistics with speakers.
 - 1.6.1.7. Coordinating logistics with vendors and supporting their logistical needs during conferences.
 - 1.6.1.8. Providing operations support during conferences including the following:
 - 1.6.1.8.1. Registering attendees.
 - 1.6.1.8.2. Coordinating audio visual needs.
 - 1.6.1.8.3. Coordinating with the conference site staff.
 - 1.6.1.8.4. Conducting other activities typically associated with conference support.
 - 1.6.1.9. Compiling participant feedback from evaluation forms completed by attendees, analyzing the feedback, and providing written reports to programs.
 - 1.6.1.10. Facilitating reservations and logistics of conference sites.
 - 1.6.1.11. Reporting all costs generated for each conference to the program funding the conference.
- 1.6.2. General Conference Planning Language
 - 1.6.2.1. The Contractor must provide attendees with deadlines to register for each event.
 - 1.6.2.2. The Contractor must provide attendees with cancellation deadlines.

1.6.3. Conference Registration and Management Solution (CRMS)

RFA-2025-DPHS-03-PUBLI-01

B-2.1

Contractor Initials



**New Hampshire Department of Health and Human Services
Public Health Emergency Preparedness and Management Services**

EXHIBIT B

1.6.3.1. The Contractor must implement a secure online Conference Registration and Management Solution (CRMS). The CRMS must be a digital solution designed to streamline the registration process for in-person, virtual, and hybrid events. Required platform features and functions include:

1.6.3.1.1. User profile and accounts, which must include:

1.6.3.1.1.1. Registration for specific conference sessions;

1.6.3.1.1.2. Tracking registration history;

1.6.3.1.1.3. Choosing meal preferences; and

1.6.3.1.1.4. Changing contact information.

1.6.3.1.2. Reconciling attendee registrations due to cancellation.

1.6.3.1.3. Mass email communication.

1.6.3.1.4. Event page generator.

1.6.3.1.5. Dashboard analytics to effectively manage and track participant data.

1.6.3.1.6. Snapshots to analyze data for pre-, during, and post-event performance.

1.6.3.1.7. Presenter biographical profiles.

1.6.3.1.8. Ease of use.

1.6.3.1.9. Event agenda and schedule.

1.6.3.1.10. Map and directions to Conference venue.

1.6.3.1.11. Phone and email support to conference attendees for issues relating to registration.

1.6.4. The Contractor must comply with the Exhibit G, IT Requirements Workbook, which is attached hereto and incorporated by reference herein.

1.6.5. The Contractor must provide proof of FedRAMP, StateRAMP or SOC 2 Type 2 compliance or an audit report of the online event platform to be used for processing.

1.6.6. The Contractor must provide proof of PCI DSS Level 1 compliance or an audit report of the online event platform to be used for processing.

1.7. General Logistic Support for Committees and Planning Groups

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- 1.7.1. The Contractor must provide logistical support for four (4) conference committees and planning groups, as requested by the Department, including the following:
 - 1.7.1.1. Convening, facilitating, and documenting meetings.
 - 1.7.1.2. Developing meeting agendas in coordination with Department staff.
 - 1.7.1.3. Disseminating announcements of meetings to members, as requested by the Department.
 - 1.7.1.4. Maintaining contact information for all members of committees and/or planning groups, including subcommittees, workgroups, or similar bodies.
 - 1.7.1.5. Coordinating logistics with speakers.
 - 1.7.1.6. Coordinating logistics with vendors.
 - 1.7.1.7. Providing operations support during meetings including:
 - 1.7.1.7.1. Registering attendees.
 - 1.7.1.7.2. Coordinating audio visual needs.
 - 1.7.1.7.3. Coordinating with site staff.
 - 1.7.1.7.4. Publishing minutes.
 - 1.7.1.7.5. Conducting other activities typically associated with meeting support.
 - 1.7.1.8. Compiling participant feedback from evaluation forms completed by attendees, analyzing the feedback, and providing written reports to program staff.
- 1.8. **Programmatic Support.** The Contractor must provide programmatic support by making subject matter experts available to the Department and contracted providers to provide training and education, consulting, and capacity building, as requested by the Department, for subject areas outlined in this Agreement. Programmatic support also includes the following:
 - 1.8.1. Attending meetings identified in this Agreement;
 - 1.8.2. Supporting the RPHNs by answering questions and collaborating with the Department for needs;
 - 1.8.3. Updating planning templates based on guidance documents the Department provides; and
 - 1.8.4. Taking notes at meetings identified in this Agreement.

Developing educational materials

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Contractor Initials

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JSI Research & Training Institute, Inc.
d/b/a Community Health Institute

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- 1.9. **Educational Materials.** The Contractor must develop educational materials for Department staff and Regional Public Health Networks, as requested by the Department, for subject areas outlined in this Agreement, including, but not limited to, orientation for new regional public health network coordinators and education materials that support the work of other tasks such as integrated preparedness plan development.

Plans and Exercises

- 1.10. The Contractor must develop and implement exercise evaluation plans and support the Department in the development of response plans.

- 1.10.1. The Contractor must provide services to increase the capacity of the Department to prepare for, and respond to, emergencies of public health and health care significance by:

1.10.1.1. Updating the Medical Surge Base Plan and supporting updates to other response plans, as needed.

1.10.1.2. Participating in the development of after-action reports for emergency response events and exercises as requested.

1.10.1.3. Participating in the State Training and Exercise Program (STEP) workgroup that is convened by the Department.

1.10.1.4. Participating in and supporting the work of PHEP workgroup capabilities 1, 2, 8, 9, and 14.

1.10.1.5. Supporting updates to the five (5)-year Integrated Preparedness Plan (IPP) as needed, including, but not limited to:

1.10.1.5.1. Integrated Preparedness Plan Workshop (IPPW) planning, coordination, and facilitation.

1.10.1.5.2. Developing necessary documentation to support the Department IPP development including, but not limited to:

1.10.1.5.2.1. Surveys.

1.10.1.5.2.2. Flyers and infographics.

1.10.1.5.2.3. Participant feedback.

1.10.1.5.2.4. Templates.

1.10.1.5.2.5. Integrated Preparedness Planning Workshop (IPPW) materials.

1.10.1.5.3. Developing a final IPP preparedness priorities report using survey results, demographic and SVI data analysis, and workshop participant feedback

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clearly identifying preparedness priorities and strategies for implementation.

1.10.1.6. Supporting the EPRR Regional Public Health Network Administrator, as requested. Responsibilities may include, but are not limited to:

1.10.1.6.1. Providing support in planning, logistics, facilitation, and meeting follow ups for the Regional Public Health Network (RPHN) Public Health Emergency Preparedness (PHEP) Coordinator meetings.

1.10.1.6.2. Providing programmatic support, which may include training and education, consulting, troubleshooting, and/or capacity building activities; with RPHNs to assess regional needs and collect feedback on current services to identify supports and guidance needed for RPHNs to improve capabilities.

1.10.1.6.3. Developing and updating various statewide templates as needed to support program work at the regional level and ensure standardization across all regions including, but not limited to:

1.10.1.6.3.1. Updating the Regional Public Health Emergency Annex template by June 30, 2025.

1.10.1.6.3.2. Integrated Preparedness Plan (IPP) template.

1.10.1.7. The Contractor must support the Department's EPRR Volunteer Coordinator, as requested, by:

1.10.1.7.1. Coordinating regional training for volunteers to increase the capacity of Regional Volunteer Teams to prepare for and respond to health emergencies of public health and health care significance.

1.10.1.7.2. Coordinating the annual integrated volunteer conference, including:

1.10.1.7.2.1. Pre-conference planning such as setting objectives, budgeting, venue selection, scheduling and agenda development, speaker and

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presenter coordination, marketing and promotion, registration management, vendor coordination.

1.10.1.7.2.2. Coordination of logistics and operations such as audio visual needs and conference staff management.

1.10.1.7.2.3. Day-of coordination such as on-site registration and check in, session management, audio visual needs, and attendee support.

1.10.1.7.2.4. Post-conference coordination such as feedback collection, preparing a final report on attendance, feedback, financials, and lessons learned.

1.10.1.7.3. Planning and conducting quarterly meetings of Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT) leaders, statewide.

1.10.1.8. The Contractor must support the Department's EPRR Strategic National Stockpile Coordinator in planning and executing the CHEMPACK Tabletop Exercise (TTX); completing all elements of the exercise including the after-action report (AAR) and Improvement Plan (IP), by June 30, 2025. Responsibilities include:

1.10.1.8.1. Developing exercise documentation in accordance with Homeland Security Exercise and Evaluation Program (HSEEP)¹ framework, including:

1.10.1.8.1.1. Communications plan to establish a communication line between evaluators, controllers, and facilitator to support both in-person and virtual participation.

1.10.1.8.1.2. Staffing plan with the appropriate roles and number of personnel to carry out the exercise.

¹ <https://www.fema.gov/emergency-managers/national-preparedness/exercises/hseep>
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- 1.10.1.8.1.3. Situation Manual.
- 1.10.1.8.1.4. Facilitator Guide.
- 1.10.1.8.1.5. Multimedia Presentation.
- 1.10.1.8.1.6. Exercise Plan.
- 1.10.1.8.1.7. Participant Handouts.
- 1.10.1.8.1.8. Controller and Evaluator Handbook.
- 1.10.1.8.1.9. Extent of Play and Agreement.
- 1.10.1.8.1.10. Exercise Evaluation Guides (EEGs).
- 1.10.1.8.1.11. Participant Feedback Forms.
- 1.10.1.8.2. Coordinating all exercise logistics applicable to services and supports before, during, and after the exercise, including:
 - 1.10.1.8.2.1. Arranging site location/venue for day of the exercise, debriefing meetings, and the actual exercise, and ensure:
 - 1.10.1.8.2.1.1. Accessibility to the locations;
 - 1.10.1.8.2.1.2. The site location/venue is the appropriate size for the number of people attending and has appropriate working audio and visual equipment as needed by the attendees; and
 - 1.10.1.8.2.1.3. Accessible communications when needed, including but not limited to: Communication Access Real-time Translation (CART) for the Deaf and Hard of Hearing, American Sign Language (ASL), and foreign language interpreters.
 - 1.10.1.8.2.2. Ensuring the exercise area has interoperable communications to operate, such as but not limited to, cell phones, internet, and email services prior to the exercises.

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- 1.10.1.8.2.3. Registering and tracking all participants' attendance on the day of the exercise using sign-in and sign-out sheets approved by the Department.
 - 1.10.1.8.2.4. Disseminating exercise materials to all participants the day of the exercise.
 - 1.10.1.8.2.5. Arranging for and set-up, as needed, parking areas, transportation for participants to and from exercise location if needed, signage for designated exercise areas such as Registration, Evaluator, and Observer.
 - 1.10.1.8.2.6. Preparing and setting-up each exercise area.
 - 1.10.1.8.2.7. Disassembling each exercise area and ensure the locations are left clean and in order.
 - 1.10.1.8.2.8. Ensuring all other logistics listed and defined during planning meetings are confirmed one (1) week prior to the exercise.
- 1.10.1.8.3. Conducting exercise evaluations in accordance with HSEEP framework, including:
- 1.10.1.8.3.1. Establishing an evaluation team during the planning phases of the exercise.
 - 1.10.1.8.3.2. Developing an evaluation plan that includes selecting the evaluation team requirements, developing evaluation documentation and methodology, and developing the Exercise Evaluation Guides (EEGs).
 - 1.10.1.8.3.3. Compiling and distributing all evaluation documents.

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- 1.10.1.8.3.4. Providing exercise briefings to evaluators and controllers within one (1) week prior to the exercises.
- 1.10.1.8.3.5. Conducting debriefings with the controllers, observers, evaluators, and participants on or within one (1) week after the day of the exercise.
- 1.10.1.8.4. Collecting input from the participants using the HSEEP Post Exercise Participant Feedback Form that must include:
 - 1.10.1.8.4.1. Observed strengths and areas for improvement:
 - 1.10.1.8.4.2. Constructive criticism on the design, control, or logistics of the exercise to help enhance future exercises.
- 1.10.1.8.5. Collecting other data, forms, materials, and notes from controllers, evaluators, observers, and participants for compilation and analysis for the after-action report (AAR) and Improvement Plan (IP).
- 1.10.1.8.6. Utilizing responses from the HSEEP Post Exercise Participant Feedback Form to summarize findings in the AAR/IP.
- 1.10.1.8.7. Conducting an after-action meeting within thirty (30) days of the presented preliminary AAR/IP, among decision- and policymakers from the exercising organizations, as identified by the Department, as well as the Lead Evaluator and members of the Exercise Planning Team, to review and refine the draft AAR/IP.
- 1.10.1.8.8. Presenting to the Department for review and input within thirty (30) days of the completion of the exercise: a preliminary AAR/IP that includes an exercise debriefing report, analysis of core capabilities, including capability performance, strengths, areas for improvement, corrective action recommendations, along with basic exercise information including the exercise name, type of exercise, dates, location(s), participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and point-of-contact (POC).

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1.10.1.8.9. Providing the Department a final AAR within ninety (90) days of completed exercises that includes an exercise debriefing report, analysis of core capabilities, including capability performance, strengths, areas for improvement, along with basic exercise information including the exercise name, type of exercise, dates, location(s), participating organizations, mission area(s), specific threat or hazard, a brief scenario description, and the name of the exercise sponsor and POC.

1.10.1.8.10. Providing facilitation support day of the exercise.

1.10.2. The Department reserves the right to reschedule or cancel the exercise(s), or change the type and/or format of the exercise(s) to best meet requirements and objectives of the Department's PHEP preparedness planning and exercise program.

1.11. Reporting

1.11.1. The Contractor must submit quarterly reports that include:

1.11.1.1. Project progress reports.

1.11.1.2. Programmatic support reports provided to DPHS staff, RPHN/MRC Coordinators.

1.11.1.3. Event evaluation reports for meetings and exercises.

1.11.1.4. Number and type of trainings completed and evaluation scores from training sessions, including:

1.11.1.4.1. Type of training offered (virtual, in-person; subject matter); and

1.11.1.4.2. Audience type.

1.11.1.5. Updated Plans

1.11.1.5.1. Name of plan(s) updated.

1.11.1.5.2. Barriers to completing the plan update.

1.11.1.5.3. Stakeholders engaged.

1.11.1.6. Number and types of exercise conducted and evaluation scores from the exercises, including number of AARs/IPs written as a result of an exercise or real-world incident.

1.11.1.7. Training Needs Assessment report to include recommendations on training topic, audience, training level, and prerequisites.

1.11.2. The Contractor may be required to provide other data and metrics to the Department in a format specified by the Department.

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1.12. Confidential Data

- 1.12.1. 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.
- 1.12.2. The Contractor must ensure any individuals involved in delivering services through this Agreement sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's 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.

1.13. Privacy Impact Assessment

- 1.13.1. 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:
 - 1.13.1.1. How PII is gathered and stored;
 - 1.13.1.2. Who will have access to PII;
 - 1.13.1.3. How PII will be used in the system;
 - 1.13.1.4. How individual consent will be achieved and revoked; and
 - 1.13.1.5. Privacy practices.
- 1.13.2. 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.

1.14. Department Owned Devices, Systems and Network Usage

- 1.14.1. If Contractor End Users, defined in the Department's Information Security Requirements Exhibit that is incorporated into this Agreement, are authorized by the Department's Information Security Office to use a Department issued device (e.g. computer, tablet, mobile telephone) or access the Department network in the fulfillment of this Agreement, each End User must:
 - 1.14.1.1. Sign and abide by applicable Department and New Hampshire Department of Information Technology (NH DoIT) use agreements, policies, standards, procedures

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- and guidelines, and complete applicable trainings as required;
- 1.14.1.2. Use the information that they have permission to access solely for conducting official Department business and agree that all other use or access is strictly forbidden including, but not limited, to personal or other private and non-Department use, and that at no time shall they access or attempt to access information without having the express authority of the Department to do so;
 - 1.14.1.3. Not access or attempt to access information in a manner inconsistent with the approved policies, procedures, and/or agreement relating to system entry/access;
 - 1.14.1.4. Not copy, share, distribute, sub-license, modify, reverse engineer, rent, or sell software licensed, developed, or being evaluated by the Department, and at all times must use utmost care to protect and keep such software strictly confidential in accordance with the license or any other agreement executed by the Department;
 - 1.14.1.5. Only use equipment, software, or subscription(s) authorized by the Department's Information Security Office or designee;
 - 1.14.1.6. Not install non-standard software on any Department equipment unless authorized by the Department's Information Security Office or designee;
 - 1.14.1.7. Agree that email and other electronic communication messages created, sent, and received on a Department-issued email system are the property of the Department of New Hampshire and to be used for business purposes only. Email is defined as "internal email systems" or "Department-funded email systems."
 - 1.14.1.8. Agree that use of email must follow Department and NH DoIT policies, standards, and/or guidelines; and
 - 1.14.1.9. Agree when utilizing the Department's email system:
 - 1.14.1.9.1. To only use a Department email address assigned to them with a "@ affiliate.DHHS.NH.Gov".
 - 1.14.1.9.2. Include in the signature lines information identifying the End User as a non-Department workforce member; and

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1.14.1.9.3. Ensure the following confidentiality notice is embedded underneath the signature line:

CONFIDENTIALITY NOTICE: "This message may contain information that is privileged and confidential and is intended only for the use of the individual(s) to whom it is addressed. If you receive this message in error, please notify the sender immediately and delete this electronic message and any attachments from your system. Thank you for your cooperation."

1.14.1.10. Contractor End Users with a Department issued email, access or potential access to Confidential Data, and/or a workspace in a Department building/facility, must:

1.14.1.10.1. Complete the Department's Annual Information Security & Compliance Awareness Training prior to accessing, viewing, handling, hearing, or transmitting Department Data or Confidential Data.

1.14.1.10.2. Sign the Department's Business Use and Confidentiality Agreement and Asset Use Agreement, and the NH DoIT Department wide Computer Use Agreement upon execution of the Agreement and annually thereafter.

1.14.1.10.3. Only access the Department's intranet to view the Department's Policies and Procedures and Information Security webpages.

1.14.1.11. Contractor agrees, if any End User is found to be in violation of any of the above terms and conditions, said End User may face removal from the Agreement, and/or criminal and/or civil prosecution, if the act constitutes a violation of law.

1.14.1.12. Contractor agrees to notify the Department a minimum of three business days prior to any upcoming transfers or terminations of End Users who possess Department credentials and/or badges or who have system privileges. If End Users who possess Department credentials and/or badges or who have system privileges resign or are dismissed without advance notice, the Contractor agrees

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to notify the Department's Information Security Office or designee immediately.

1.14.2. Workspace Requirement

1.14.2.1. If applicable, the Department will work with Contractor to determine requirements for providing necessary workspace and State equipment for its End Users.

1.15. Contract End-of-Life Transition Services

1.15.1. General Requirements

1.15.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. 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 Recipient to develop a Data Transition Plan (DTP). The Department shall provide the DTP template to the Contractor.

1.15.1.2. The Contractor must 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.

1.15.1.3. 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.

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- 1.15.1.4. 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.
- 1.15.1.5. In the event the data Transition extends 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.
- 1.15.1.6. In the event 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.
- 1.15.2. **Completion of Transition Services**
 - 1.15.2.1. 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, unless within said 15 business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
 - 1.15.2.2. 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.
- 1.15.3. **Disagreement over Transition Services Results**
 - 1.15.3.1. 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.

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1.16. Website and Social Media

1.16.1. 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 Department of Information Technology (DoIT) website and social media requirements and policies.

1.16.2. 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.

1.16.3. State of New Hampshire's Website Copyright

1.16.3.1. 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.

2. Exhibits Incorporated

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

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

2.3. 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.

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2.4. The Contractor must comply with the Exhibit G, IT Requirements Workbook, which is attached hereto and incorporated by reference herein.

3. Additional Terms

3.1. Impacts Resulting from Court Orders or Legislative Changes

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

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

3.2.1. The Contractor must submit:

3.2.1.1. 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.

3.2.1.2. 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

3.2.1.3. 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>).

3.3. Credits and Copyright Ownership

3.3.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the

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services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."

- 3.3.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 3.3.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.
- 3.3.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

4. Records

- 4.1. The Contractor must keep records that include, but are not limited to:
 - 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
 - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 4.2. 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.
- 4.3. If, upon further review, 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.



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Payment Terms

1. This Agreement is funded by:
 - 1.1. 71% Federal funds, New Hampshire's Hospital Preparedness Program, as awarded on 7/11/2024, by the Administration for Strategic Preparedness and Response, Assistance Listing Number (ALN) 93.889, Federal Award Identification Number (FAIN) U3REP240773; New Hampshire's Public Health Emergency Preparedness as awarded on 6/5/2024, by the Centers for Disease Control and Prevention ALN 93.069, FAIN NU90TP922018 and FAIN NU90TU000009.
 - 1.2. 29% General funds.
2. For the purposes of this Agreement the Department has identified:
 - 2.1. The Contractor as a Contractor, based on criteria specified in 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR 200.332.
 - 2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget through C-7, Budget.
4. The Contractor shall submit an invoice to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
 - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
 - 4.2. Is submitted in a format as provided by or otherwise acceptable to the Department.
 - 4.3. Identifies and requests payment in accordance with Section 3 above.
 - 4.4. Includes supporting documentation with each invoice, including, but not limited to, proof of expenditures, itemized receipts for purchases, time sheets, and payroll records with position or staff detail, as applicable.
 - 4.5. Is completed, dated and returned to the Department to initiate payment.
 - 4.6. Is assigned an electronic signature and is emailed to DHHS.DPHS.Contract@dhhs.nh.gov or mailed to:

Financial Manager
Department of Health and Human Services

**New Hampshire Department of Health and Human Services
Public Health Emergency Preparedness and Management Services
EXHIBIT C**

129 Pleasant Street
Concord, NH 03301

5. The Department shall make payments to the Contractor within thirty (30) calendar days only upon receipt and approval of the submitted invoice and required supporting documentation.
6. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.
7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation between budget class lines, as well as adjusting encumbrances between State Fiscal Years through the Budget Office, may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. Audits
 - 8.1. The Contractor must email an annual audit to dhhs.act@dhhs.nh.gov if any of the following conditions exist:
 - 8.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
 - 8.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
 - 8.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
 - 8.2. If Condition A exists, the Contractor shall submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to dhhs.act@dhhs.nh.gov within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
 - 8.2.1. The Contractor shall submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor shall submit quarterly progress reports on the status of implementation of the corrective action plan.
 - 8.3. If Condition B or Condition C exists, the Contractor shall submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.

**New Hampshire Department of Health and Human Services
Public Health Emergency Preparedness and Management Services
EXHIBIT C**

- 8.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial audits performed by an independent CPA upon request by the Department.
- 8.5. 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, within sixty (60) days.
9. If applicable, the Contractor must request disposition instructions from the Department for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.



New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
Budget Request for:	(HPP) Public Health Emergency Preparedness and Management Services
Budget Period	G&C Approval Date through 6/30/25
Indirect Cost Rate (if applicable)	26.2%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$5,278.50
2. Fringe Benefits	\$2,500.43
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$95.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$50.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$7,923.93
Total Indirect Costs	\$2,076.07
TOTAL	\$10,000.00

Contractor Initials: 

Exhibit C-2 Budget

New Hampshire Department of Health and Human Services	
Contractor Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute	
Budget Request for: (PHEP) Public Health Emergency Preparedness and Management Services	
Budget Period: G&C Approval Date through 6/30/25	
Indirect Cost Rate (if applicable): 26.2%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$30,689.83
2. Fringe Benefits	\$14,537.77
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$285.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$50.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$45,562.60
Total Indirect Costs	\$11,937.40
TOTAL	\$57,500.00

Contractor Initials: 

Date: 1/31/2025

Exhibit C-3 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
Budget Request for:	(PHEP NCE) Public Health Emergency Preparedness and Management Services
Budget Period:	G&C Approval Date through 6/30/25
Indirect Cost Rate (if applicable):	26.2%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$87,020.45
2. Fringe Benefits	\$41,221.58
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$380.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$4,500.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$133,122.03
Total Indirect Costs	\$34,877.97
TOTAL	\$168,000.00

Contractor Initials: DS
KR

Date: 1/31/2025

Exhibit C-4 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
Budget Request for:	(HPP) Public Health Emergency Preparedness and Management Services
Budget Period	7/1/25 - 6/30/26
Indirect Cost Rate (if applicable)	26.2%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$10,559.04
2. Fringe Benefits	\$5,001.82
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$200.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$87.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$15,847.86
Total Indirect Costs	\$4,152.14
TOTAL	\$20,000.00

Contractor Initials:  _____
 Date: 1/31/2025

Exhibit C-5 Budget

New Hampshire Department of Health and Human Services	
Contractor Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute	
Budget Request for: (PHEP) Public Health Emergency Preparedness and Management Services	
Budget Period: 7/1/25 - 6/30/26	
Indirect Cost Rate (if applicable): 26.2%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$61,294.84
2. Fringe Benefits	\$29,035.36
3. Consultants	\$0.00
4. Equipment	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$695.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$100.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$91,125.20
Total Indirect Costs	\$23,874.80
TOTAL	\$115,000.00

Contractor Initials: DS
LR

Date: 1/31/2025

Exhibit C-6 Budget

New Hampshire Department of Health and Human Services	
Contractor Name:	JSI Research & Training Institute, Inc. d/b/a Community Health Institute
Budget Request for:	(HPP) Public Health Emergency Preparedness and Management Services
Budget Period	7/1/26 - 6/30/27
Indirect Cost Rate (if applicable)	26.2%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$10,552.26
2. Fringe Benefits	\$4,998.60
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$210.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$87.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$15,847.86
Total Indirect Costs	\$4,152.14
TOTAL	\$20,000.00

Contractor Initials: 

Date: 1/31/2025

Exhibit C-7 Budget

New Hampshire Department of Health and Human Services	
Contractor Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute	
Budget Request for: (PHEP) Public Health Emergency Preparedness and Management Services	
Budget Period: 7/1/26 - 6/30/27	
Indirect Cost Rate (if applicable): 26.2%	
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$61,274.48
2. Fringe Benefits	\$29,025.72
3. Consultants	\$0.00
Indirect cost rate cannot be applied to	\$0.00
5.(a) Supplies - Educational	\$0.00
5.(b) Supplies - Lab	\$0.00
5.(c) Supplies - Pharmacy	\$0.00
5.(d) Supplies - Medical	\$0.00
5.(e) Supplies Office	\$0.00
6. Travel	\$725.00
7. Software	\$0.00
8. (a) Other - Marketing/ Communications	\$0.00
8. (b) Other - Education and Training	\$100.00
8. (c) Other - Other (specify below)	\$0.00
Other (please specify)	\$0.00
9. Subrecipient Contracts	\$0.00
Total Direct Costs	\$91,125.20
Total Indirect Costs	\$23,874.80
TOTAL	\$115,000.00

Contractor Initials: DS
KR
 Date: 1/31/2025

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;

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Exhibit D
Federal Requirements

Contractor's Initials EF
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New Hampshire Department of Health and Human Services Exhibit D – Federal Requirements

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- 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.

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Exhibit D
Federal Requirements

Contractor's Initials
Date

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1/31/2025

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:

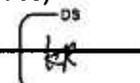
INSTRUCTIONS FOR CERTIFICATION

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>.

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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.

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Exhibit D
Federal Requirements

Contractor's Initials

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

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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.

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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.

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

FORM A

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

1. The UEI (SAM.gov) number for your entity is: LKTNULLR6FL6
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 NO x YES

If the answer to #2 above is NO, stop here
If the answer to #2 above is YES, please answer the following:

3. Does the public have access to information about the compensation of the executives in your business or organization through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

 NO x YES

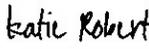
If the answer to #3 above is YES, stop here
If the answer to #3 above is NO, please answer the following:

4. The names and compensation of the five most highly compensated officers in your business or organization are as follows:

Name: _____	Amount: _____

Contractor Name: JSI Research & Training Institute, Inc. d/b/a Community Health Institute

1/31/2025
Date: _____

DocuSigned by:

EB50C21E48E9430
 Name: Katie Robert
 Title: Director

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Federal Requirements

Contractor's Initials 
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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 or misplacement of hardcopy documents, and misrouting of physical or electronic.

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Exhibit E

DHHS Information Security Requirements



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

7. "Open Wireless Network" means any network or segment of a network that is not designated by the State of New Hampshire's Department of Information Technology or delegate as a protected network (designed, tested, and approved, by means of the State, to transmit) will be considered an open network and not adequately secure for the transmission of unencrypted PI, PFI, PHI or confidential DHHS data.
8. "Personal Information" (or "PI") means information which can be used to distinguish or trace an individual's identity, such as their name, social security number, personal information as defined in New Hampshire RSA 359-C:19, biometric records, etc., alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother's maiden name, etc.
9. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164, promulgated under HIPAA by the United States Department of Health and Human Services.
10. "Protected Health Information" (or "PHI") has the same meaning as provided in the definition of "Protected Health Information" in the HIPAA Privacy Rule at 45 C.F.R. § 160.103.
11. "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. Part 164, Subpart C, and amendments thereto.
12. "Unsecured Protected Health Information" means Protected Health Information that is not secured by a technology standard that renders Protected Health Information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

A. Business Use and Disclosure of Confidential Information.

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

New Hampshire Department of Health and Human Services

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DHHS Information Security Requirements



request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.

3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

II. METHODS OF SECURE TRANSMISSION OF DATA

1. Application Encryption. If End User is transmitting DHHS data containing Confidential Data between applications, the Contractor attests the applications have been evaluated by an expert knowledgeable in cyber security and that said application's encryption capabilities ensure secure transmission via the internet.
2. Computer Disks and Portable Storage Devices. End User may not use computer disks or portable storage devices, such as a thumb drive, as a method of transmitting DHHS data.
3. Encrypted Email. End User may only employ email to transmit Confidential Data if email is encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
4. Encrypted Web Site. If End User is employing the Web to transmit Confidential Data, the secure socket layers (SSL) must be used and the web site must be secure. SSL encrypts data transmitted via a Web site.
5. File Hosting Services, also known as File Sharing Sites. End User may not use file hosting services, such as Dropbox or Google Cloud Storage, to transmit Confidential Data.
6. Ground Mail Service. End User may only transmit Confidential Data via *certified* ground mail within the continental U.S. and when sent to a named individual.
7. Laptops and PDA. If End User is employing portable devices to transmit Confidential Data said devices must be encrypted and password-protected.
8. Open Wireless Networks. End User may not transmit Confidential Data via an open

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DHHS Information Security Requirements



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

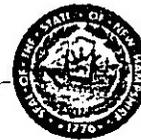
1. The Contractor agrees it will not store, transfer, administer or process any Protected Health Information (PHI) or regulated data collected (Confidential Information) in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall 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 data stored in a Cloud must be in a FedRAMP, StateRAMP or other SOC 2 Type 2 standard developed by the American Institute of CPAs (SICPA) compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, anti-hacker, anti-

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Exhibit E

DHHS Information Security Requirements



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

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

B. Disposition

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

IV. PROCEDURES FOR SECURITY

- A. Contractor agrees to safeguard the DHHS Data received under this Contract, and any derivative data or files, as follows:
 1. The Contractor will maintain proper security controls to protect Department confidential information collected, processed, managed, and/or stored in the delivery of contracted services.
 2. The Contractor will maintain policies and procedures to protect Department confidential information throughout the information lifecycle, where applicable, (from creation, transformation, use, storage and secure destruction) regardless of the media used to store the data (i.e., tape, disk, paper, etc.).

New Hampshire Department of Health and Human Services

Exhibit 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.
 - a. The DHHS Information Security Office provides the following security exception for RFA-2025-DPHS-03-PUBLI with the Contractor agreement that Protected Health Information (PHI) must not be collected by the Online Registration Solution "The Department understands the data collected in

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DHHS Information Security Requirements



connection with the conference registration services may be accessed from, transferred to, processed or stored in the United States or in other countries where the online event management solution company operates.”

11. **Data Security Breach Liability.** In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.
12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/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.

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Exhibit E

DHHS Information Security Requirements



- c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.
- d. send emails containing Confidential Information only if encrypted and being sent to and being received by email addresses of persons authorized to receive such information.
- e. limit disclosure of the Confidential Information to the extent permitted by law.
- f. Confidential Information received under this Contract and individually identifiable data derived from DHHS Data, must be stored in an area that is physically and technologically secure from access by unauthorized persons during duty hours as well as non-duty hours (e.g., door locks, card keys, biometric identifiers, etc.).
- g. only authorized End Users may transmit the Confidential Data, including any derivative files containing personally identifiable information, and in all cases, such data must be encrypted at all times when in transit, at rest, or when stored on portable media as required in section IV above.
- h. in all other instances Confidential Data must be maintained, used and disclosed using appropriate safeguards, as determined by a risk-based assessment of the circumstances involved.
- i. understand that their user credentials (user name and password) must not be shared with anyone. End Users will keep their credential information secure. This applies to credentials used to access the site directly or indirectly through a third party application.

Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until such time the Confidential Data is disposed of in accordance with this Contract.

V. LOSS REPORTING

The Contractor must notify the State's Privacy Officer and Security Officer of any Security Incidents and Breaches immediately, at the email addresses provided in Section VI.

The Contractor must further handle and report Incidents and Breaches involving PHI in accordance with the agency's documented Incident Handling and Breach Notification procedures and in accordance with 42 C.F.R. §§ 431.300 - 306. In addition to, and notwithstanding, Contractor's compliance with all applicable obligations and procedures, Contractor's procedures must also address how the Contractor will:

1. Identify Incidents;
2. Determine if personally identifiable information is involved in Incidents;
3. Report suspected or confirmed Incidents as required in this Exhibit or P-37;

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Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and

4. 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 Services

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 limited to all its directors,

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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 with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

(3) Obligations and Activities of Business Associate.

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

- I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;

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- 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 and an agreement that the Covered Entity shall be considered a direct third party beneficiary of all the Business Associate's business associate agreements.
 - h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.
 - i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
 - j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
 - k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
 - l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI in accordance with 45 CFR Section 164.528.
 - m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) ^{BS}_{EX}

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business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity, or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.

- n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.
 - i. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, 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

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.

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

(5) Termination of Agreement for Cause

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

(6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations used, herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Exhibit F, 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

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to [Signature]

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- 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) n.l., the defense and indemnification provisions of section (3) g. and Paragraph 13 of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA.

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

Department of Health and Human Services

 The State

DocuSigned by:
 Iain Watt
 07788883F0704C7...

Signature of Authorized Representative

Iain watt

Name of Authorized Representative

Director - DPHS

Title of Authorized Representative

2/1/2025

Date

JSI Research & Training Institute, Inc.
 d/b/a Community Health Institute

 Name of the Contractor

DocuSigned by:
 Katie Robert
 F050024F46E9430...

Signature of Authorized Representative

Katie Robert

Name of Authorized Representative

Director

Title of Authorized Representative

1/31/2025

Date

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APPLICATION REQUIREMENTS			
State Requirements			
Req #	Requirement Description	Criticality	Response
GENERAL SPECIFICATIONS			
A1.1	Ability to access data using open standards access protocol.	M	JSI will provide data collected via Alchemer Survey or Cvent Event Registration in .csv format so that it is accessible to Department staff. JSI is prepared to provide the data in other formats as requested by the Department.
A1.2	Data is available in commonly used format over which no entity has exclusive control, with the exception of National or International standards. Data is not subject to any copyright, patent, trademark or other trade secret regulation.	M	As stated in A1.1, JSI will provide any data collected in Alchemer or Cvent using open standards access protocol.
A1.3	Web-based compatible and in conformance with the following W3C standards: HTML5, CSS 2.1, XML 1.1	M	Both Alchemer and Cvent meet the majority of W3C standards by default, and provides the tools necessary for JSI to meet the remaining standards.
APPLICATION SECURITY			
A2.1	Verify the identity or authenticate all of the system client applications before allowing use of the system to prevent access to inappropriate or confidential data or services.	M	Alchemer: Contracts with an independent third party to do point-in-time penetration and business logic tests, and perform a continuous scan of the application. Production servers are frequently patched to ensure their security is always up to date. Cvent: Employs various network security measures such as intrusion prevention systems (IPS), intrusion detection systems (IDS), and web application firewalls (WAF), to establish multiple layers of protection. Additionally, Cvent implements a comprehensive set of security protocols designed to effectively safeguard its infrastructure against both internal and external threats.
A2.2	Verify the identity and authenticate all of the system's human users before allowing them to use its capabilities to prevent access to inappropriate or confidential data or services.	M	Both Alchemer and Cvent have strict access controls to ensure that only authorized personnel can access data.
A2.3	Enforce unique user names.	M	Alchemer and Cvent both require all users to have unique user names in order to access the survey development and management features of the platforms.
A2.4	Comply with the Department's Password Standard and DoIT's statewide User Account and Password Policy when developing, establishing, and enforcing system Administrative (privileged) and End User (non-privileged) accounts. Should a requirement conflict reside between the two documents the more restrictive requirement must be followed.	M	JSI will comply with the requirements as listed in the Department's Password Standard and NH DoIT's Password Policy.
A2.5	Enforce the use of complex passwords for general users using capital letters, numbers and special characters in accordance with NH DHHS Password Standard and DoIT's statewide User Account and Password Policy.	M	JSI will comply with the requirements as listed in the Department's Password Standard and NH DoIT's Password Policy.
A2.6	Encrypt passwords in transmission and at rest within the database.	M	JSI will comply with the requirements as listed in the Department's Password Standard and NH DoIT's Password Policy.
A2.7	Establish ability to expire passwords after a definite period of time in accordance with NH DHHS Password Standard and DoIT's statewide User Account and Password Policy.	M	JSI will comply with the requirements as listed in the Department's Password Standard and NH DoIT's Password Policy.
A2.8	Provide the ability to limit the number of people that can grant or change authorizations.	M	Alchemer: Only two JSI staff are authorized to grant or change Alchemer permissions. The data owner (identified at project startup) must approve all requests for authorization to access project data. Cvent: Only 2 person on the JSI project team will have access to Cvent.
A2.9	Establish ability to enforce session timeouts during periods of inactivity in accordance with NH DHHS Password Standard and DoIT's statewide User Account and Password Policy.	M	JSI will comply with the session timeout requirements as listed in the Department's Password Standard and NH DoIT's Password Policy.
A2.10	The application shall not store authentication credentials or sensitive data in its code.	M	Neither Alchemer nor Cvent store credentials in code.
A2.11	Log all attempted accesses that fail identification, authentication and authorization requirements.	M	Alchemer and Cvent utilize Amazon's Recommended MFA, and only privileged IT Admins have access to logs captured through that system.
A2.13	All logs must be kept for one (1) year, unless protected health information is entered into/stored in the system or product, then all audit logs must be kept for six (6) years for HIPPA compliance.	M	See A2.11

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A2.14	The application must allow a human user to explicitly terminate a session. No remnants of the prior session should then remain.	M	Alchemer: Users can log out of the system at any time; logging out destroys all information about the prior session. Cvent: Information requested from vendor.
A2.15	Do not use Software and System Services for anything other than they are designed for.	M	Both: All software and services will only be used for the purpose for which it was designed.
A2.16	The application Data shall be protected from unauthorized use when at rest.	M	Alchemer: All survey data, even for those that are designated as unencrypted, is encrypted at the disk level - "at rest". Amazon Simple Storage Service (Amazon S3), provides Alchemer with secure, durable, highly-scalable cloud storage. Cvent: Utilizes methods compliant with FIPS 140-2 for all data in transit and at rest.
A2.17	The application shall keep any sensitive Data or communications private from unauthorized individuals and programs.	M	See A2.16
A2.18	Subsequent application enhancements or upgrades shall not remove or degrade security requirements.	M	Upgrades to Cvent or Alchemer will maintain or enhance security requirements.
A2.19	Utilize change management documentation and procedures.	M	Both: Follows industry best practices for change management.
A2.20	Web Services : The service provider shall use Web services exclusively to interface with the State's data in near real time when possible.	M	JSI will send and receive sensitive or protected information using the Department's SFTP site. All survey data will be shared in a .csv format.
A2.21	Logs must be configured using "fail-safe" configuration. Audit logs must contain the following minimum information: 1. User IDs (of all users who have access to the system) 2. Date and time stamps 3. Changes made to system configurations 4. Addition of new users 5. New users level of access 6. Files accessed (including users) 7. Access to systems, applications and data 8. Access trail to systems and applications (successful and unsuccessful attempts) 9. Security events	M	See A2.11

TESTING REQUIREMENTS

State Requirements

Req #	Requirement Description	Criticality	Response
APPLICATION SECURITY TESTING			
T1.1	All components of the Software shall be reviewed and tested by the vendor to ensure they protect the Department and State's Data assets.	M	JSI is not producing any software for the State under this contract, so this section is not applicable.
T1.2	The Vendor shall be responsible for providing documentation of security testing, as appropriate. Tests shall focus on the technical, administrative and physical security controls that have been designed into the System architecture in order to provide the necessary confidentiality, integrity and availability.	M	Not applicable
T1.3	Provide evidence that supports the fact that Identification and Authentication testing has been recently accomplished; supports obtaining information about those parties attempting to log onto a system or application for security purposes and the validation of users.	M	Not applicable
T1.4	Test for Access Control; supports the management of permissions for logging onto a computer or network.	M	Not applicable
T1.5	Test for encryption; supports the encoding of data for security purposes, and for the ability to access the data in a decrypted format from required tools.	M	Not applicable
T1.6	Test the Intrusion Detection; supports the detection of illegal entrance into a computer system.	M	Not applicable
T1.7	Ensure verification features are enabled to support the confirmation of a users authority to enter a computer system, application or network.	M	Not applicable
T1.8	Test the User Management feature; supports the administration of computer, application and network accounts within an organization.	M	Not applicable
T1.9	Test Role/Privilege Management; supports the granting of abilities to users or groups of users of a computer, application or network.	M	Not applicable

T1.10	Test Audit Trail Capture and Analysis; supports the identification and monitoring of activities within an application or system.	M	Not applicable
T1.11	Test Input Validation; ensures the application is protected from buffer overflow, cross-site scripting, SQL Injection, and unauthorized access of files and/or directories on the server.	M	Not applicable
T.1.12	For web applications, ensure the application has been tested and hardened to prevent critical application security flaws. (At a minimum, the application shall be tested against all flaws outlined in the Open Web Application Security Project (OWASP) Top Ten (http://www.owasp.org/index.php/OWASP_Top_Ten_Project).	M	Not applicable
T1.13	Provide the State with validation of 3rd party security reviews performed on the application and system environment. The review may include a combination of vulnerability scanning, penetration testing, static analysis of the source code, and expert code review (please specify proposed methodology in the comments field).	M	Not applicable
T1.14	Prior to the System being moved into production, the Vendor shall provide results of all security testing to the Department of Information Technology for review and acceptance.	M	Not applicable
STANDARD TESTING			
T2.1	The Vendor must test the software and the system using an industry standard and State approved testing methodology.	M	Not applicable
T2.2	The Vendor must perform application stress testing and tuning.	M	Not applicable
HOSTING-CLOUD REQUIREMENTS			
State Requirements			
Req #	Requirement Description	Criticality	Response
OPERATIONS			
H1.1	Vendor shall provide an ANSI/TIA-942 Tier 3 Data Center or equivalent. A tier 3 data center requires 1) Multiple independent distribution paths serving the IT equipment, 2) All IT equipment must be dual-powered and fully compatible with the topology of a site's architecture and 3) Concurrently maintainable site infrastructure with expected availability of 99.982%.	M	Alchemer and Cvent both utilize AWS to host customer data. AWS provides on-demand scalability, and multi-zone availability, with expected availability for multi-zone compute applications of 99.99%.
H1.2	Vendor shall maintain a secure hosting environment providing all necessary hardware, software, and internet bandwidth to manage the application and support users with permission based logins.	M	AWS provides a secure hosting environment, sufficient internet bandwidth, and supports user and permission-based logins.
H1.3	The Data Center must be physically secured – restricted access to the site to personnel with controls such as biometric, badge, and others security solutions. Policies for granting access must be in place and followed. Access shall only be granted to those with a need to perform tasks in the Data Center.	M	AWS provides physical security for all components.
H1.4	Vendor shall install and update all server patches, updates, and other utilities within 60 days of release from the manufacturer.	M	AWS follows best practices for all patches and updates.
H1.5	Vendor shall monitor System, security, and application logs.	M	AWS monitors all system, security, and application logs.
H1.6	Vendor shall manage the sharing of data resources.	M	AWS manages shared data stores so as to segregate all customer data.
H1.7	Vendor shall manage daily backups, off-site data storage, and restore operations.	M	AWS manages daily backups as required.
DISASTER RECOVERY			
H2.2	The disaster recovery plan shall identify appropriate methods for procuring additional hardware in the event of a component failure. In most instances, systems shall offer a level of redundancy so the loss of a drive or power supply will not be sufficient to terminate services however, these failed components will have to be replaced.	M	Alchemer and Cvent both maintain Disaster Recovery Plans. In addition, JSI can regularly download and save registrations/responses to a secure drive in order to ensure access to data in the event of downtime in either system.
H2.3	Vendor shall adhere to a defined and documented back-up schedule and procedure.	M	See H2.2
H2.4	Back-up copies of data are made for the purpose of facilitating a restore of the data in the event of data loss or System failure.	M	See H2.2
H2.5	Scheduled backups of all servers must be completed regularly. The minimum acceptable frequency is differential backup daily, and complete backup weekly.	M	See H2.2

H2.6	Tapes or other back-up media tapes must be securely transferred from the site to another secure location to avoid complete data loss with the loss of a facility.	M	See H2.2
H2.7	Data recovery – In the event that recovery back to the last backup is not sufficient to recover State Data, the Vendor shall employ the use of database logs in addition to backup media in the restoration of the database(s) to afford a much closer to real-time recovery. To do this, logs must be moved off the volume containing the database with a frequency to match the business needs.	M	See H2.2
HOSTING SECURITY			
H3.1	If State data is hosted on multiple servers, data exchanges between and among servers must be encrypted.	M	Agreed. For Alchemer, JSI has an bronze-level enterprise subscription. Individuals are assigned a mix of Collaborator, Professional, and Full Access licenses based on the feature and security needs of the project. For Cvent, relevant JSI staff have Professional licenses.
H3.3	All servers and devices must have event logging enabled. Logs must be protected with access limited to only authorized administrators. Logs shall include System, Application, Web and Database logs.	M	Agreed
H3.4	Operating Systems (OS) and Databases (DB) shall be built and hardened in accordance with guidelines set forth by CIS, NIST or NSA.	M	See H3.1
SERVICE LEVEL AGREEMENT			
H4.1	The Vendor's System support and maintenance shall commence upon the Effective Date and extend through the end of the Contract term, and any extensions thereof.	M	The State will not have direct access to project systems or data; therefore no technical support will be provided. Technical support will be available to end users per the contract terms.
H4.2	The vendor shall maintain the hardware and Software in accordance with the specifications, terms, and requirements of the Contract, including providing, upgrades and fixes as required.	M	See H4.1
H4.3	The vendor shall repair or replace the hardware or software, or any portion thereof, so that the System operates in accordance with the Specifications, terms, and requirements of the Contract.	M	See H4.1
H4.4	All hardware and software components of the Vendor hosting infrastructure shall be fully supported by their respective manufacturers at all times. All critical patches for operating systems, databases, web services, etc., shall be applied within sixty (60) days of release by their respective manufacturers.	M	See H4.1
H4.5	The State shall have unlimited access, via phone or Email, to the Vendor technical support staff between the hours of 8:30am to 5:00pm-Monday through Friday EST.	M	Technical support will be available to conference registrants, survey respondents, etc. during business hours (M-F 8:30am-5pm) via phone or email.
H4.6	The Vendor shall conform to the specific deficiency class as described: o Class A Deficiency - Software - Critical, does not allow System to operate, no work around, demands immediate action; Written Documentation - missing significant portions of information or unIntelligible to State; Non Software - Services were Inadequate and require re-performance of the Service. o Class B Deficiency - Software - Important, does not stop operation and/or there is a work around and user can perform tasks; Written Documentation - portions of information are missing but not enough to make the document unIntelligible; Non Software - Services were deficient, require reworking, but do not require re-performance of the Service. o Class C Deficiency - Software - minimal, cosmetic in nature, minimal effect on System, low priority and/or user can use System; Written Documentation - minimal changes required and of minor editing nature; Non Software - Services require only minor reworking and do not require re-performance of the Service.	M	Agreed

Exhibit G: IT Requirements Workbook

H4.7	As part of the maintenance agreement, ongoing support issues shall be responded to according to the following: a. Class A Deficiencies - The Vendor shall have available to the State on-call telephone assistance, with issue tracking available to the State, eight (8) hours per day and five (5) days a week with an email / telephone response within two (2) hours of request; or the Vendor shall provide support on-site or with remote diagnostic Services, within four (4) business hours of a request; b. Class B & C Deficiencies -The State shall notify the Vendor of such Deficiencies during regular business hours and the Vendor shall respond back within four (4) hours of notification of planned corrective action; The Vendor shall repair or replace Software, and provide maintenance of the Software in accordance with the Specifications, Terms and Requirements of the Contract.	M	See H4.1
H4.8	The hosting server for the State shall be available twenty-four (24) hours a day, 7 days a week except for during scheduled maintenance.	M	Cvent and Alchemer are available 24/7 except during scheduled maintenance. See below for Information on outages.
H4.9	A regularly scheduled maintenance window shall be identified (such as weekly, monthly, or quarterly) at which time all relevant server patches and application upgrades shall be applied.	M	See H4.1
H4.10	If The Vendor is unable to meet the uptime requirement, The Vendor shall credit State's account in an amount based upon the following formula: (Total Contract Item Price/365) x Number of Days Contract Item Not Provided. The State must request this credit in writing.	M	Agreed
H4.11	The Vendor shall use a change management policy for notification and tracking of critical outages.	M	In the event Cvent or Alchemer are down, JSI will notify relevant DPHS staff. End users (e.g., survey respondents, event registrants) will be notified using the same mechanism through which they received the survey or registration link.
H4.12	A critical outage will be designated when a business function cannot be met by a nonperforming application and there is no work around to the problem.	M	In the event Cvent or Alchemer are down, JSI will notify relevant DPHS staff. End users (e.g., survey respondents, event registrants) will be notified using the same mechanism through which they received the survey or registration link.
H4.14	The Vendor will give two-business days prior notification to the State Project Manager of all changes/updates and provide the State with about information the upgrades and changes.	M	Agreed

SUPPORT & MAINTENANCE REQUIREMENTS

State Requirements			
Req #	Requirement Description	Criticality	Response
<i>SUPPORT & MAINTENANCE REQUIREMENTS</i>			
S1.1	The Vendor's System support and maintenance shall commence upon the Effective Date and extend through the end of the Contract term, and any extensions thereof.	M	Agreed
S1.3	Repair Software, or any portion thereof, so that the System operates in accordance with the Specifications, terms, and requirements of the Contract.	M	See S1.1
S1.4	The State shall have unlimited access, via phone or Email, to the Vendor technical support staff between the hours of 8:30am to 5:00pm-Monday through Friday EST.	M	See S1.1

S1.5	The Vendor response time for support shall conform to the specific deficiency class as described below or as agreed to by the parties: <ul style="list-style-type: none"> o Class A Deficiency - Software - Critical, does not allow System to operate, no work around, demands immediate action; Written Documentation - missing significant portions of information or unintelligible to State; Non Software - Services were inadequate and require re-performance of the Service. o Class B Deficiency - Software - Important, does not stop operation and/or there is a work around and user can perform tasks; Written Documentation - portions of information are missing but not enough to make the document unintelligible; Non Software - Services were deficient, require reworking, but do not require re-performance of the Service. o Class C Deficiency - Software - minimal, cosmetic in nature, minimal effect on System, low priority and/or user can use System; Written Documentation - minimal changes required and of minor editing nature; Non Software - Services require only minor reworking and do not require re-performance of the Service. 	M	See S1.1
S1.6	o Class A Deficiency - Software - Critical, does not allow System to operate, no work around, demands immediate action; Written Documentation - missing significant portions of information or unintelligible to State; Non Software - Services were inadequate and require re-performance of the Service.	M	See S1.1
S1.7	o Class B Deficiency - Software - important, does not stop operation and/or there is a work around and user can perform tasks; Written Documentation - portions of information are missing but not enough to make the document unintelligible; Non Software - Services were deficient, require reworking, but do not require re-performance of the Service.	M	See S1.1
S1.8	o Class C Deficiency - Software - minimal, cosmetic in nature, minimal effect on System, low priority and/or user can use System; Written Documentation - minimal changes required and of minor editing nature; Non Software - Services require only minor reworking and do not require re-performance of the Service.	M	See S1.1
S1.9	As part of the Software maintenance agreement, ongoing software maintenance and support issues, shall be responded to according to the following or as agreed to by the parties: <ul style="list-style-type: none"> a. Class A Deficiencies - The Vendor shall have available to the State on-call telephone assistance, with issue tracking available to the State, eight (8) hours per day and five (5) days a week with an email / telephone response within two (2) hours of request; or the Vendor shall provide support on-site or with remote diagnostic Services, within four (4) business hours of a request; b. Class B & C Deficiencies - The State shall notify the Vendor of such Deficiencies during regular business hours and the Vendor shall respond back within four (4) hours of notification of planned corrective action; The Vendor shall repair or replace Software, and provide maintenance of the Software in accordance with the Specifications, Terms and Requirements of the Contract; or as agreed between the parties. 	M	See S1.1
S1.15	The State shall provide the Vendor with a personal secure FTP site to be used by the State for uploading and downloading files if applicable.	M	JSI will use the Department's SFTP site to receive and transfer files containing sensitive or protected data.
S1.16	The State shall provide the Vendor with a personal secure FTP site to be used by the State for uploading and downloading files if applicable.	M	JSI will use the Department's SFTP site to receive and transfer files containing sensitive or protected data.
S1.17	The hosting server for the State shall be available twenty-four (24) hours a day, 7 days a week except for during scheduled maintenance.	M	See S1.1

PROJECT MANAGEMENT			
State Requirements			
Req #	Requirement Description	Criticality	Response
PROJECT MANAGEMENT			
P1.1	Vendor shall participate in an initial kick-off meeting to initiate the Project.	M	Agreed
P1.2	Vendor shall provide Project Staff as specified in the RFA.	M	Agreed
P1.3	Vendor shall submit a finalized Work Plan within ten (10) days after Contract award and approval by Governor and Council. The Work Plan shall include, without limitation, a detailed description of the Schedule, tasks, Deliverables, milestones/critical events, task dependencies, vendors and state resources required and payment Schedule. The plan shall be updated no less than every two weeks.	M	Agreed
P1.4	Vendor shall provide detailed bi-weekly status reports on the progress of the Project, which will include expenses incurred year to date.	M	JSI will provide detailed status reports on the progress of the Projects that includes decisions, actions, and potential issues to discuss per the direction of the DHHS project team. JSI will submit invoices with required documentation on a monthly basis.
P1.5	All user, technical, and System Documentation as well as Project Schedules, plans, status reports, and correspondence must be maintained as project documentation in digital format using Department standard tools.	M	JSI will employ standard management principals and maintain appropriate project documentation related to schedules, plans, status reports, and correspondence.
P1.6	Vendor shall provide a full time Project Manager assigned to the project.	M	Agreed
P1.7	The Vendor Project Manager, and relevant key staff, shall every three (3) months, beginning in the first month of the Contract, meet with project representatives from DHHS and/or DoIT virtually, or in-person to review past quarter performance and upcoming quarter Plan of Operations.	M	JSI is available to meet in Concord, NH with project representatives at the discretion of the DHHS project team. JSI is also prepared to conduct these meetings virtually if approved by DHHS.
P1.8	The Vendor's project manager is also expected to host other important meetings, assign contractor staff to those meetings as appropriate and provide an agenda for each meeting.	M	Agreed
P1.9	Meeting minutes will be documented and maintained electronically by the contractor and distributed within 24 hours after the meeting. Key decisions along with Closed, Active and Pending issues will be included in this document as well.	M	Agreed
WEBSITE AND SOCIAL MEDIA MANAGEMENT			
State Requirements			Vendor
Req #	Requirement Description	Criticality	Vendor Response
PROJECT MANAGEMENT			
W1.1	The Vendor shall 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 of the Department's and NH Department of Information Technology's website, social media, and privacy notice requirements/policies.	M	Agreed

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 JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. 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: 739507

Certificate Number: 0006558250



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of January A.D. 2024.

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

David M. Scanlan
Secretary of State

State of New Hampshire

Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY HEALTH INSTITUTE is a New Hampshire Trade Name registered to transact business in New Hampshire on April 12, 2016. 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: 742096

Certificate Number: 0007007474



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 21st day of January A.D. 2025.

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

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

I, Antonia Powell, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of JSI Research & Training Institute, Inc. dba Community Health Institute.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 11, 2024, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Katie Robert (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of JSI Research & Training Institute, Inc. dba Community Health Institute.
(Name of Corporation/ LLC)

to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

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

Dated: January 31, 2025


Antonia Powell (Jan 31, 2025 17:01 EST)
Signature of Elected Officer
Name: Antonia Powell
Title: Assistant Clerk/Secretary

JSI Research and Training Institute Inc.

Mission Statement

JSI Research and Training Institute was incorporated in 1987 as a 501©3 non-profit organization in the Commonwealth of Massachusetts. Our mission is to alleviate public health problems both in the United States and in developing countries around the world through applied research, technical assistance and training. JSI maintains offices in Boston, Massachusetts; Washington, D.C.; Denver, Colorado and Bow, New Hampshire; as well as seven overseas offices in developing nations. Since its inception, JSI has successfully completed more than 400 contracts in the health and human service fields.

Community Health Institute

Mission Statement

The Community Health Institute's mission is to support and strengthen New Hampshire's health care system by providing coordinated information dissemination and technical assistance resources to health care providers, managers, planners, and policy makers, statewide. Our success translates into improved access to quality health and social services for all New Hampshire residents.

**Consolidated Financial Statements and
Report of Independent Certified Public
Accountants**

**JSI Research and Training Institute, Inc. and
Affiliates**

September 30, 2023

Contents

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GRANT THORNTON LLP
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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Directors
JSI Research and Training Institute, Inc.

Opinion

We have audited the consolidated financial statements of JSI Research and Training Institute, Inc. and affiliates (the "Organization"); which comprise the consolidated statement of financial position as of September 30, 2023, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Organization as of September 30, 2023, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audit of the consolidated financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



Auditor's responsibilities for the audit of the financial statements

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

In performing an audit in accordance with US GAAS, we:

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

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

Grant Thornton LLP

Boston, Massachusetts
June 27, 2024

JSI Research and Training Institute, Inc. and Affiliates
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

September 30, 2023

ASSETS

Current assets

Cash and cash equivalents	\$ 198,258,786
Receivables for program work	79,831,673
Field advances - program	540,895
Employee advances	176,555
Inventory	51,056,340
Prepaid expenses and other current assets	<u>18,430,741</u>

Total current assets 348,294,990

Property and equipment, net 6,567,204

Goodwill 727,375

Right-of-use assets 41,961,185

Other assets 3,041,817

Total assets \$ 400,592,571

LIABILITIES AND NET ASSETS

Current liabilities

Accounts payable and accrued expenses	\$ 59,658,105
Accrued vacation	4,651,012
Lease liabilities	7,444,243
Advances for program work	<u>176,180,268</u>

Total current liabilities 247,933,628

Long-term lease liabilities 34,822,121

Total liabilities 282,755,749

Net assets

Without donor restrictions	117,036,234
With donor restrictions	<u>800,588</u>

Total net assets 117,836,822

Total liabilities and net assets \$ 400,592,571

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF ACTIVITIES

Year ended September 30, 2023

Net assets without donor restrictions

Support and revenue.

Public support

Global Fund

\$ 415,379,336

Government grants and contracts

U.S. Government

354,586,872

Commonwealth of Massachusetts

20,585,288

Other grants and contracts

105,338,023

Contributed net assets (see Note 3)

291,248

Program income

166,488

Contributions

181,469

Net assets released from restriction

24,497

In-kind project contributions

862,161

Other income

140,980

Interest income

1,776,163

Total support and revenue

899,332,525

Expenses

Program services

International programs

760,016,335

Domestic programs

74,001,338

Total program services

834,017,673

Supporting services

Management and general

52,945,220

Fundraising

21,731

Total supporting services

52,966,951

Other expenses

Income taxes

4,422,777

Unallowable costs

1,219,515

Total expenses

892,626,916

Change in net assets without donor restrictions

6,705,609

Net assets with donor restrictions

Contributions, net of net asset releases of \$24,497

49,921

CHANGES IN NET ASSETS

6,755,530

Net assets at beginning of year

111,081,292

Net assets at end of year

\$ 117,836,822

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

Year ended September 30, 2023

	Program Services			Supporting Services		Total
	International Programs	Domestic Programs	Total	Management and General	Fundraising	
Commodities	\$ 376,216,569	\$ -	\$ 376,216,569	\$ -	\$ -	\$ 376,216,569
Freight costs	41,410,482	-	41,410,482	-	-	41,410,482
Salaries	53,235,995	39,228,072	92,464,067	34,488,778	2,509	126,955,354
Consultants	21,890,660	8,678,182	30,568,842	4,125,306	-	34,694,148
Cooperating national salaries	65,219,485	1,581,774	66,801,259	875,014	-	67,676,273
Travel	28,174,875	2,037,035	30,211,910	1,576,128	-	31,788,038
Allowance and training	12,953,687	324,885	13,278,572	568,850	-	13,847,422
Subgrants	46,756,192	583,286	47,339,478	158,030	-	47,497,508
Subcontracts	59,210,032	10,157,643	69,367,675	75,150	-	69,442,825
Equipment, material and supplies	12,714,542	716,540	13,431,082	1,356,069	-	14,787,151
Other costs	33,972,645	10,595,081	44,567,726	7,427,317	19,222	52,014,265
Information technology	161,498	-	161,498	873,821	-	1,035,319
Non-commodity	308,387	-	308,387	-	-	308,387
Quality assurance	38,931	-	38,931	-	-	38,931
Equipment over \$5,000	5,730,415	35,838	5,766,253	-	-	5,766,253
VAT	593,976	63,002	656,978	-	-	656,978
In-kind project expenses	1,427,964	-	1,427,964	-	-	1,427,964
Depreciation	-	-	-	1,420,757	-	1,420,757
Total expense	\$ 760,016,335	\$ 74,001,338	\$ 834,017,673	\$ 52,945,220	\$ 21,731	\$ 886,984,624

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc. and Affiliates

CONSOLIDATED STATEMENT OF CASH FLOWS

Year ended September 30, 2023

Cash flows from operating activities:	
Change in net assets	\$ 6,755,530
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	1,420,757
(Increase) decrease in operating assets:	
Receivables for program work	(16,248,188)
Field advances - program	(171,747)
Employee advances	54,735
Inventory	43,038,776
Prepaid expenses and other current assets	(10,049,422)
Right-of-use assets	4,326,258
Other assets	(1,892,358)
Increase (decrease) in operating liabilities:	
Accounts payable and accrued expenses	(17,336,680)
Accrued vacation	1,883,560
Advances for program work	55,147,460
Lease liabilities	(4,103,657)
	<u>62,825,024</u>
Net cash provided by operating activities	
Cash flows from investing activities:	
Acquisition of The Manoff Group, net of cash acquired	(403,359)
Contributed net assets, net of cash received	2,039,409
Acquisition of property and equipment	(1,846,608)
	<u>(210,558)</u>
Net cash used in operating activities	
	(210,558)
NET INCREASE IN CASH AND CASH EQUIVALENTS	62,614,466
Cash and cash equivalents at beginning of year	<u>135,644,320</u>
Cash and cash equivalents at end of year	<u>\$ 198,258,786</u>
Supplemental cash flow information:	
Cash paid during the year for income taxes	<u>\$ 936,475</u>

The accompanying notes are an integral part of this consolidated financial statement.

JSI Research and Training Institute, Inc. and Affiliates
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
September 30, 2023

NOTE 1 - ORGANIZATION AND NATURE OF ACTIVITIES

JSI Research and Training Institute, Inc. ("R&T") was incorporated in the Commonwealth of Massachusetts on April 11, 1979. R&T is a global nonprofit dedicated to improving lives around the world through greater health, education, and socio-economic equity for individuals and communities. Current funding is principally from the United States Agency for International Development ("USAID") and the United States Department of Health and Human Services ("DHHS").

R&T is the sole member of The Partnership for Supply Chain Management, Inc. ("PFSCM"), InSupply Health Limited ("InSupply"), and the sole shareholder of John Snow, Inc. ("JSI"), Community Economics Corporation ("CEC"), and John Snow India Private Limited ("JSIPL"). R&T was also the sole member of World Education, Inc. ("WEI") through June 30, 2023, at which time WEI was merged into R&T and no longer exists as a separate legal entity. R&T is accorded with such powers as are typical for a sole member including the power of appointment and removal of the affiliates' board of trustees, the right to approve amendments to the bylaws and certificate of incorporation, and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of affiliates.

The Partnership for Supply Chain Management (PFSCM) was incorporated on February 14, 2005 under the laws of Massachusetts. PFSCM began operations on October 1, 2005. PFSCM's project teams collaborate with institutions that are among the most trusted names in international public health and development, each offering unique capabilities that ensure that high-quality ARV drugs, HIV tests, and other supplies for treating HIV/AIDS are available to the people, patients, clinicians, laboratory technicians, and others who need them. PFSCM supply chain projects and initiatives strengthen, develop, and manage secure, reliable and cost-effective provision of health products to low- and middle-income countries. PFSCM deliveries to 90+ countries globally via a supply chain that is transparent, accountable, and tailored to specific country needs.

InSupply Health Limited ("InSupply") is domiciled in Kenya where it is incorporated under the Kenyan Companies Act, 2015 as a non-profit organization limited by guarantee. The principal activity is providing supply chain advisory with customized guidance on supply chain management and design.

JSI is an international management-consulting firm organized on May 29, 1975, in the Commonwealth of Massachusetts. JSI provides research and consulting services to public health programs, health care and service sectors. Its mission is to work with clients to improve the quality of their operations. Current funding is principally with the United States Agency for International Development.

Community Economics Corporation (CEC) is a wholly owned subsidiary of JSI and is engaged in providing information, consulting, and problem-solving services, advice and management. All of CEC's revenue is received from related parties.

John Snow India Private Limited (JSIPL) is a wholly owned subsidiary of JSI and is engaged in implementing public health programs at scale to support India's efforts to improve maternal, newborn and child health and nutrition, strengthen immunization systems, reduce the spread of communicable diseases, and build capacity for managing complex supply chains.

The Manoff Group, Inc. ("TMG") was incorporated December 1, 1988 in the Commonwealth of Massachusetts. TMG provides social and behavior change, strategic program assistance and social marketing services that include: in depth consumer research to better understand and be responsive to client needs; effective and creative social and behavior strategies and communication plans to promote new products, better health and nutrition practices, and increased utilization of program services; skills development training in social marketing; and assistance to strengthen linkage between the government and private sector firms working in social and behavior change programming, marketing and communication. Through September 30, 2022, JSI was a 40% shareholder of TMG which was reflected on

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

the financials utilizing the equity method of accounting for investments. Effective October 1, 2022, JSI purchased the remaining share of TMG's stock. As a result, TMG's FY23 activity is included in the current year's consolidated financials.

WEI was founded in 1951 and incorporated in the state of New Jersey. Working in partnership with community, national, and international agencies in Asia, Africa, and the United States, it provides professional assistance in the design and implementation of non-formal adult education programs. These programs integrate functional education with relevant problem-solving aspects of individual growth and national development such as health, nutrition, family planning, childcare, refugee education, agricultural practices, literacy, and income generation. WEI's financial data is consolidated utilizing its fiscal year-end financial statements, as of and for the year ended June 30, 2023. As noted above, WEI was merged into R&T on June 30, 2023 and no longer exists as a separate legal entity.

R&T and its affiliates, excluding JSI, CEC, JSIPL, and TMG, are tax exempt organizations under 501(c)(3) of the Internal Revenue Code ("IRC"), while InSupply is subject to Kenyan income tax based on the Kenyan Income Tax Act.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation

The consolidated financial statements include the accounts of R&T, WEI, JSI, InSupply, CEC, TMG, JSIPL, and PFSCM, (collectively referred to as the "Organization"). All intercompany balances and transactions have been eliminated in consolidation.

Basis of Accounting

The consolidated financial statements of the Organization have been prepared utilizing the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP"). Net assets, revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and the changes thereof are classified and reported as follows:

Net Assets Without Donor Restrictions - Net assets that are not subject to donor-imposed restrictions.

Net Assets With Donor Restrictions - Contributions, grants, and income whose use by the Organization has been limited by donors or grantors to a specific time period or purpose.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Cash and Cash Equivalents

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments. Total cash held in foreign accounts was \$17,294,403 at September 30, 2023.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

Property and Equipment

Property and equipment owned by the organization are reported on the basis of cost less accumulated depreciation. Acquisitions of property and equipment in excess of \$5,000 are capitalized. Depreciation is computed using the straight-line method calculated to extinguish the book value of the respective assets over their estimated useful lives (five - 27.5 years) of the related assets. Property and equipment purchased with grant funds where ownership rests with the donor is expensed at the time of purchase and is returned to the donor or disposed of in accordance with the terms of the grant and/or donor permissions at the conclusion of the grant period.

Revenue Recognition

Grants and Contracts

The majority of the Organization's revenues are derived from contracts, cooperative agreements, and grants with The Global Fund to Fight AIDS Tuberculosis and Malaria (the Global Fund), and U.S. government agencies, primarily USAID and the United States Department of Health and Human Services.

The Organization recognizes revenue from external organizations for services provided under exchange and non-exchange grants and contracts. Unconditional grants, contracts, and contributions are recognized as revenue in the period received in the appropriate net asset category, based on the existence or absence of donor-imposed restrictions. If donor-imposed restrictions are present, the associated revenue is reported as an increase in net assets with donor restrictions and are reclassified to net assets without donor restrictions when the restrictions are met. Grants and contracts revenues whose restrictions are met in the same reporting period are reported as net assets without donor restriction.

Revenues from non-exchange transactions may be subject to conditions in the form of both a barrier to entitlement and a refund of amounts paid (and a release from obligation to make future payments). The Organization recognizes revenue earned from conditional non-exchange grants and contracts as these conditions are satisfied. At September 30, 2023, the Organization had \$397,101,328 of conditional grants and contracts not recognized as revenue in the statement of activities.

Revenues from exchange transactions are recognized as the Organization satisfies performance obligations, which in some cases, mirrors the timing of when related costs are incurred. In the case of the procurement and delivery of commodities revenues are recognized upon receipt by the customer. As of September 30, 2023, included in advances for program work is \$99,852,811 of deferred revenue related to exchange transactions, which will be recognized as revenue upon completion of delivery of commodities and receipt by the customer. Also included in the advances for program work, is \$76,327,458 of non-exchange grant funding received in advance of revenue being earned.

Donated Materials and Services

Donated materials and services are recorded as in-kind project contributions at their estimated fair market value as of the date of receipt and as an expense in the accompanying consolidated statement of activities. Donated services are recognized if the services received create or enhance non-financial assets or require specialized skills that are provided by individuals possessing those skills and would typically need to be purchased if not provided by donation.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

Income Taxes

R&T, PFSCM, and WEI are exempt from income taxes under Section 501(c)(3) of the IRC and are not private foundations as described in Section 509 while InSupply is an international non-profit, non-governmental organization based in Kenya which is subject to Kenyan income tax based on the Kenyan Income Tax Act but does not subject to US taxation.

JSI, CEC, and TMG are corporations that are subject to Federal, state, and other jurisdiction income taxes, while JSIPL is an organization based in India, and therefore, subject to taxation as set by the Indian Revenue Authority.

Accordingly, deferred tax assets and liabilities are recognized for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. These assets and liabilities are measured using rates expected to be in effect when these timing differences reverse. Valuation allowances are provided to the extent that tax assets are not likely to be recovered.

Deferred tax is recognized on temporary differences between the carrying amounts of assets and liabilities in the consolidated financial statements and the corresponding tax base used in the computation of taxable profit. Deferred tax liabilities are generally recognized for all taxable temporary differences. Deferred tax assets are recognized for all taxable temporary differences to the extent that it is probable that taxable profits will be available against which those deductible temporary differences can be utilized. A valuation allowance is established against a deferred tax asset when it is more likely than not that the asset or any portion thereof will not be realized.

JSI has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. JSI has filed all of its known and required returns in a timely manner including, as permitted, allowed extensions. Following administrative practice of the taxing authorities, the tax years 2018 through 2023 remain open years subject to possible examination and review.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the consolidated statements of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Each functional classification includes all expenses related to the underlying operations by natural classification. Natural expenses attributable to more than one functional expense category are allocated using a variety of cost allocation techniques.

Foreign Currency Transactions

Expenses of international operations are measured generally using local currency. Expenses are translated to USD using the first in, first out method of exchange based on the bank rate assigned at transfer. As a result, foreign currency transaction gains and losses are negligible and are included as direct program expenses.

Receivables for Program Work

Receivables for program work are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectable amounts through a provision for bad debt expense and an adjustment to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. The

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

allowance for doubtful accounts at September 30, 2023 was \$0. Included in receivables for program work is \$71,073,501 of amounts billed and \$8,758,172 of amounts unbilled at September 30, 2023.

Goodwill

Goodwill is the amount by which the cost of acquired net assets in a business combination exceeds the fair value of the identifiable net assets on the date of purchase or valuation.

The Organization has adopted Accounting Standards Update ("ASU") 2014-02, *Intangibles - Goodwill and Other*, to account for goodwill. ASU 2014-02 provides private companies alternative accounting for amortizing goodwill on a straight-line basis over a 10-year useful life, replacing the previous method of subsequent measurement, which required a testing of goodwill for impairment at least annually. Under the new guidance, impairment testing is performed upon the occurrence of a triggering event indicating that the fair value of the entity (or operating units) might be less than its carrying amount and there is no annual goodwill impairment test. When a triggering event occurs, an entity has the option to perform a qualitative assessment to determine whether a quantitative test is needed.

If that assessment demonstrates that it is not more likely than not that an impairment exists, no further testing is required. On the other hand, if impairment of goodwill is more likely than not, a quantitative test is required that compares the fair value of the entity (or reporting unit) with its carrying value. The amount by which the carrying amount exceeds fair value represents the impairment loss to be recognized, up to the carrying amount of goodwill. Additionally, a company elects to amortize goodwill on a straight-line basis over either 10 years or less than 10 years if a shorter useful life is more appropriate. Further, a company that elects the alternative must also elect whether to test goodwill for impairment at the entity level or the reporting unit level. The Organization has elected to amortize goodwill on a straight-line basis over 10 years and to test goodwill for impairment, when necessary, at the entity level.

No triggering events were identified during fiscal 2023.

Recent Accounting Pronouncements

Leases

In February 2016, the Financial Accounting Standards Board issued ASU 2016-02, *Leases* (Topic 842), and issued additional accounting standards updates which provided changes, modifications, clarifications, and interpretations related to this guidance thereafter (collectively, "Topic 842"). Topic 842 amends a number of aspects of lease accounting, including requiring lessees to recognize almost all leases with a term greater than one year as a right-of-use (ROU) asset and corresponding liability, measured as the present value of the future lease payments. R&T adopted Topic 842 as of October 1, 2022 using the modified retrospective transition method.

The new standard provides a number of optional practical expedients in transition. R&T elected the practical expedients to not reassess its prior conclusions about lease identification under the new standard, to not reassess lease classification, and to not reassess initial direct costs. R&T has not elected the practical expedient to use hindsight in determining the lease term at the adoption date and has not elected the practical expedient pertaining to land easements as this is not applicable to the current contract portfolio.

The new guidance also provides practical expedients and accounting policy elections for ongoing lease accounting. R&T has elected the recognition exemption for short term leases for all leases that qualify. Under this exemption, R&T will not recognize ROU assets or lease liabilities for those leases that qualify as a short-term lease (a lease term of 12 months or less), which includes not recognizing ROU assets or lease liabilities for existing short-term leases of those assets in transition. R&T has elected the practical expedient to not separate lease and non-lease components for all existing asset classes. R&T has elected

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

the nonpublic business entity accounting policy alternative to use a risk-free discount rate instead of R&T's incremental borrowing rate for all existing asset classes.

Upon adoption, R&T recognized operating lease ROU assets of \$1,581,409 and operating lease liabilities of approximately \$1,581,409.

JSI adopted Topic 842 on January 1, 2022, using the modified retrospective transition method. Upon adoption, JSI recognized operating lease ROU assets of approximately \$46,300,000 and operating lease liabilities of approximately \$46,400,000.

PFSCM had no leases as of the adoption date. However, PFSCM entered into an operating lease agreement with an effective date of February 1, 2023. As of the effective date of this lease PFSCM recognized a ROU asset and lease liability of \$1,577,263.

Credit Losses

In June 2016, the FASB issued ASU 2016-13, *Financial Instruments - Credit Losses: Measurement of Credit Losses on Financial Instruments* (Topic 326), to update its guidance on recognition and measurement of financial assets and liabilities and replace the incurred loss methodology with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information for credit loss estimates. ASU 2016-13 is effective for annual reporting periods beginning after December 15, 2022. Early adoption is permitted. The Organization is currently evaluating the impact of adopting ASU 2016-13 on its financial statements but does not expect the impact to be material.

NOTE 3 - ACQUISITION OF TMG

Prior to October 1, 2022, JSI was a 40% shareholder of TMG. Accordingly, JSI's investment in TMG was reflected in the financials utilizing the equity method of accounting. Effective October 1, 2022, JSI purchased the remaining outstanding shares for \$1,700,000 and became the sole shareholder of TMG.

As of the date of acquisition the estimated fair value of the assets and liabilities assumed, net of the existing equity investment was as follows:

Cash and cash equivalents	\$ 1,296,641
Accounts receivable	658,003
Prepaid and other current assets	67,785
Goodwill	727,375
Accounts payable and accrued expenses	(263,901)
Existing equity investment in TMG	(785,903)
	<u>\$ 1,700,000</u>

The Organization recorded goodwill of \$727,375 as a result of this acquisition.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

NOTE 4 - INSUPPLY

InSupply is a non-profit organization under the Kenyan Companies Act, 2015. Effective October 1, 2022, R&T is the sole member and guarantor on InSupply. As of October 1, 2022, the estimated fair value of the assets and liabilities of InSupply were as follows:

Cash and cash equivalents	\$ 2,330,780
Accounts receivable	33,315
Prepaid and other current assets	74
Accounts payable and accrued expenses	<u>(2,072,798)</u>
 Total net assets	 <u>\$ 291,371</u>

As there was no consideration related to this transaction the \$291,371 is reflected in the statement of activities as contributed net assets.

NOTE 5 - CONCENTRATION OF CREDIT RISK - CASH

The Organization maintains demand deposits and money market funds at financial institutions. At times, certain balances held in these accounts may not be fully guaranteed by the United States government. The uninsured portions of cash and money market accounts are backed solely by the assets of the financial institution. Therefore, the failure of a financial institution could result in a financial loss to the Organization. However, the Organization has not experienced losses on these accounts in the past and management believes the risk of loss, if any, to be minimal.

NOTE 6 - PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION

Property and equipment and accumulated depreciation account balances as of September 30, 2023:

Furniture and equipment	\$ 4,427,328
Leasehold improvements	<u>13,504,917</u>
 Gross property and equipment	 17,932,245
 Less: accumulated depreciation	 <u>(11,365,041)</u>
 Property and equipment, net	 <u>\$ 6,567,204</u>

Depreciation expense was \$1,420,757 for the year ended September 30, 2023.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

NOTE 7 - ADVANCES FOR PROGRAM WORK

Advances for program work consist of the following at September 30, 2023:

Bill and Melinda Gates Foundation	\$ 32,455,067
Various donors	63,557,232
Global Fund	79,602,223
Doris Duke Charitable Foundation	<u>565,746</u>
	<u>\$ 176,180,268</u>

Advances for program work represent refundable advances of cash related from non-governmental organizations. They are reported as advances because there is typically a barrier placed by the granting organization, as well as a right of return if the funds are not used in accordance with the terms of the arrangement with the funding organization. Once the barriers are overcome and there is no longer a right of return, revenue is recognized.

NOTE 8 - DEBT

WEI had a revolving line of credit with a bank with a borrowing limit of up to \$500,000. The loan was payable on demand. Interest was charged by utilizing a fluctuating rate based on the LIBOR (Advantage) rate plus 2.50%. The line is collateralized by a first priority interest in all the assets of WEI. The line of credit remained in effect until May 31, 2023, with no outstanding balance at the time, and was not renewed thereafter.

JSI has a revolving demand loan with a bank. The loan allows for borrowings up to \$6,500,000. Interest is charged by utilizing a fluctuating rate based on a per annum rate equal to 2.00% above the one-month BSBY, payable monthly in arrears, which at September 30, 2023 was 7.39%. The loan is collateralized by a security agreement with a first lien on all business assets of JSI and R&T, including assignment of promissory notes and security documents between the two companies. The bank's agreement to advance funds is subject to an annual review in April. As of September 30, 2023, there were no outstanding borrowings under this agreement.

NOTE 9 - CONTINGENCIES

In accordance with the terms of its federal and state grants and contracts, the records of the Organization are subject to audit. The Organization is, therefore, contingently liable for any disallowed costs. Management believes that any adjustment, which might result from such an audit, would be immaterial to the consolidated financial statements.

Provisional indirect cost rates are negotiated with the USAID on an annual basis. As of September 30, 2023, actual indirect cost rates have been approved by USAID for JSI Research and Training Institute, Inc and JSI through December 31, 2019 and WEI through June 30, 2022. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the consolidated financial statements.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

NOTE 10 - NET ASSETS

Donor restricted net assets as of September 30, 2023 are restricted for use in specific programs and/or projects that are specified by the donor.

Included in net assets without donor restrictions as of September 30, 2023, is common stock (of CEC) totaling \$2,050.

Including in net asset without donor restrictions as of September 30, 2023 is common stock (of TMG) totaling \$43,875.

As of September 30, 2023, JSI has 875 shares of \$1 par value common stock authorized, issued and outstanding. As of September 30, 2023, JSIPL has 1,000 shares of no-par value common stock authorized, and 100 shares issued and outstanding.

NOTE 11 - RETIREMENT PLANS

R&T has a defined contribution profit sharing/401(k) plan covering substantially all of its employees. R&T contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll, to the plan. In addition, employees receive a 100% match on the first 2% of employee contributions made to the plan. Employees who are contributing less than 2% of their pay to their retirement account are automatically enrolled at 2% either at the time of hire, or annually in July. Pension expense was \$4,948,085 for the year ended September 30, 2023.

WEI has a defined contribution tax sheltered annuity plan covering substantially all of its employees. WEI contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. Additional voluntary contributions may be made by the employees. Participants of the plan are fully and immediately vested when contributions are made. Pension expense was \$415,714 for the year ended June 30, 2023.

JSI has a defined contribution profit sharing/401(k) plan covering substantially all its employees. Employee contributions are voluntary. As of July 1, 2018, JSI contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. In addition, employees will receive a 100% match on the first 2% of contributions made to their retirement account. Employees who are contributing less than 2% of their pay to their retirement account will automatically be enrolled at 2% either at the time of hire, or annually in July. Pension expense was \$1,029,425 for the year ended September 30, 2023.

PFSCM has a defined contribution profit sharing/401(k) plan covering substantially all of its employees. PFSCM contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. In addition, employees receive a 100% match on the first 2% of contributions made to the plan. Employees who are contributing less than 2% of their pay to their retirement account are automatically enrolled at 2% either at the time of hire, or annually in July. Pension expense was \$236,643 for the year ended September 30, 2023.

TMG has established a 401(k) Retirement Plan for its employees who have met required eligibility requirements. The Plan allows participants to make a pre-tax contribution as well as a TMG matching percentage up to 4% of the participant's compensation. The Plan also provides for discretionary 401(k) employer profit sharing contributions. For the period January 1, 2023 through September 30, 2023, 401(k) contributions totaled \$191,384.

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

NOTE 12 - COMMITMENTS

Operating Leases

R&T leases space for general offices under operating leases expiring from 2024 through 2027. The leases contain renewal options for periods of up to five years.

JSI leases space for general offices under operating leases expiring at various dates through 2030. The leases contain renewal options for five to ten-year periods.

PFSCM entered into an operating lease agreement for its field office in Woerden, Netherlands that commenced on February 1, 2023. The lease term expires on February 1, 2030. Under the lease agreement, PFSCM has a four-year renewal option through February 1, 2034. The annual base rent under the lease is approximately \$210,800.

WEI leases space for general offices on a year-to-year basis.

During the year ended September 30, 2023, operating lease costs and lease costs under short-term leases were \$6,768,178 and \$1,072,723, respectively.

Future obligations under operating leases as of September 30, 2023 are:

2024	\$ 6,027,577
2025	5,588,031
2026	7,043,326
2027	6,858,692
2028	6,937,426
Thereafter	11,740,968
	<u>\$ 44,194,020</u>

Supplemental information related to operating leases as of September 30, 2023, consists of the following:

ROU assets	\$ 49,468,669
Accumulated amortization	<u>(7,507,484)</u>
ROU assets, net	<u>\$ 41,961,185</u>
ROU liabilities, current	\$ 7,444,243
ROU liabilities, non-current	<u>34,822,121</u>
ROU liabilities	<u>\$ 42,266,364</u>

The following summarizes cash flow and supplemental noncash information related to the Organization's leases for the year ended September 30, 2023:

Cash paid for amounts included in the measurement of lease liabilities:	
Operating cash flows from operating leases	\$ 8,542,737
ROU assets obtained in exchange for new lease liabilities	1,141,435

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

Supplemental information related to leases as of September 30, 2023, consist of the following:

Weighted-average remaining lease term (in months)	77
Weighted-average discount rate	1.78%

NOTE 13 - CONCENTRATION OF FUNDING

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2023:

	Revenue	% of Total Income
The Global Fund (PfSCM)	\$ 415,379,336	45%
U.S. Agency for International Development (R&T, JSI and WEI)	\$ 320,332,065	34%

The end date of the current Global Fund contract is December 31, 2024; based on procurement functions that will extend beyond this date, revenues are estimated to remain the same through fiscal year 2025. PFSCM has submitted a proposal for the Global Fund's consideration to either extend the current contract or issue a new contract. Management anticipates contract continuation at similar terms if PFSCM is the successful bidder.

NOTE 14 - LIQUIDITY AND AVAILABILITY OF RESOURCES

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. Given the project-based nature of the Organization's work, the annual budget is structured to break even and ensure that there are sufficient inflows to cover budgeted outflows each year. Any use of the Organization's reserve, which is minimal, is subject to management's review and approval.

The following reflects the Organization's financial assets as of September 30, 2023, reduced by amounts not available for general use within one-year due donor-imposed restrictions:

Cash and cash equivalents	\$ 198,258,786
Receivables for program work	<u>79,831,673</u>
Total financial assets available within one year	278,090,459
Less: donor restricted assets	<u>(800,588)</u>
Total financial assets available to management for general expenditures within one year	<u>\$ 277,289,871</u>

The organization also has one committed lines of credit with availability of \$6.5 million, which it could draw upon in the event of an unanticipated liquidity need (see Note 8).

JSI Research and Training Institute, Inc. and Affiliates

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED

September 30, 2023

NOTE 15 - SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through June 27, 2024, the date on which the consolidated financial statements were available to be issued. On October 1, 2023, both JSI and TMG were merged into R&T and no longer exist as separate legal entities.



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**JSI RESEARCH & TRAINING INSTITUTE, INC.
RESOLUTION IN WRITING OF THE BOARD OF DIRECTORS**

Alina Rocha Menocal

Board Member

Principal Research Fellow, Politics and Governance

Hafiz Adamjee, M.S.

Board Member

Retired, former executive at Novartis

Kulleni Gebreyes

Board Member

Principal at Deloitte

Lia Tadesse Gebremedhin, M.A., MD.

Board Member

Executive Director, HMLP; Former Minister of Health

Mike Useem, M.A., Ph.D.

Board Member

William and Jacalyn Egan Professor of Management

Muka Chikuba

Board Member

Interim President/CEO

Nneka Mobisson

Board Member

Co-founder and CEO of mymdoc and Faculty Advisor at IHI

Sandro Galea, MD, MPH, DrPH

Board Chair

Dean and Robert A. Knox Professor

Topsy Kola-Oyeneyin

Board Member

Partner at McKinsey & Company

ALYSON M. COBB

JSI, [REDACTED]

EDUCATION

BOSTON UNIVERSITY, SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
Masters of Public Health in Epidemiology, 2015
Delta Omega Honorary Society in Public Health

BUCKNELL UNIVERSITY, LEWISBURG, PENNSYLVANIA
Bachelor of Arts in Chemistry, Minor in American Literature, 2009

TRAININGS

FEMA EMERGENCY MANAGEMENT INSTITUTE, EMMITSBURG, MARYLAND
Master Exercise Practitioner Program, 2018-2020

NH DIVISION OF FIRE STANDARDS AND TRAINING AND EMS, CONCORD, NEW HAMPSHIRE
IS-300 Intermediate ICS for Expanding Incidents, 2017

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM (HSEEP), AGAWAM, MASSACHUSETTS
Homeland Security Exercise and Evaluation Program Training Course, 2010

EXPERIENCE

JSI, Bow, New Hampshire

Senior Associate, August 2023 to present

Consultant, August 2015 to August 2023

Project Associate, August 2010 to August 2015

*AmeriCorps*VISTA Member, August 2009 to August 2010*

Selected projects:

New Hampshire Public Health Emergency Planning Technical Assistance and Training

Lead project to provide technical assistance and support to the NH DHHS Bureau of Emergency Preparedness, Response, and Recovery (EPRR), the 13 Regional Public Health Networks (RPHNs), and volunteer groups in NH around public health emergency preparedness, planning, and response. Assess statewide needs to provide technical assistance to all 13 RPHNs and provide one-on-one technical assistance to Networks upon request. Develop, deliver, and coordinate trainings, response plans and plan templates, and tools on a variety of public health and emergency response topics, including medical surge, standard precautions, points of dispensing, and public information. Develop, facilitate, and evaluate exercises and real events. Conducted After Action Report development processes in New Hampshire for 2009 H1N1, 2012 Hepatitis C Outbreak, 2014-15 Ebola, and 2022 Mpox responses. Develop and manage the process for implementation of NH's quinquennial health care and public health-focused Jurisdictional Risk Assessment. Work with NH CERT and MRC Coordinators, including convening regular meetings of unit coordinators, providing individual technical assistance, organizing statewide recruitment efforts, developing and implementing volunteer surveys, and developing and providing trainings for volunteers. Support the planning process for the semi-annual NH Integrated Emergency Volunteer Training Conference, which draws 150-200 attendees.

Massachusetts Region 4AB Addressing Extreme Temperature Health Impacts

Served as Subject Matter Expert on extreme temperatures public health emergency planning initiative. Designed and implemented HSEEP-compliant workshops working with the 60 regional health departments and their partners serving populations at higher risk and/or disproportionately impacted by extreme temperature events. Developed template Health Action Plan template for adaptation at the town-level.

New Hampshire COVID-19 Contact Tracing Support

Led project to provide support to New Hampshire's COVID-19 Contact Tracing Operations. Served in leadership role for over 2 years onboarding, training, and supervising up to 90 staff responsible for interviewing cases, notifying contacts, and conducting congregate setting outbreak investigations in health care and community settings. Developed internal protocols as well as public education documents. Served as Salesforce Administrator, coordinating with vendor to launch

and improve contract tracing and outbreak investigation platform, including conducting training for staff and establishing quality assurance mechanisms.

New Hampshire Viral Hepatitis Outbreak Detection & Response Plan

Leading a participatory process with NH Division of Public Health Service staff to develop a Viral Hepatitis Outbreak Detection & Response Plan documenting response activities and roles in the event of a Hepatitis A, Hepatitis B, or Hepatitis C outbreak. Process includes planning and facilitating three workshops to gather and develop plan content in collaboration with internal and external stakeholders.

Massachusetts Region 4AB Workshops & Tabletop Exercises

Served as Technical Advisor on two projects with the Massachusetts' Metro Regional Preparedness Coalition and its member cities and towns to design and conduct a series of HSEEP-compliant discussion-based exercises. First, a series of emerging infectious disease-workshops were held to assist communities in strengthening their Emergency Dispensing Site (EDS) plans and to develop a plan for dispensing to critical staff in a public health emergency. Second, JSI planned and facilitated a series of tabletop exercises focusing on strengthening municipal plans to receive and store vaccine, and to administer vaccine to critical infrastructure staff.

Granite State Health Care Coalition

Served as technical advisor to increase healthcare preparedness and meet ASPR requirements including developing coalition plans; planning, conducting, and evaluating the statewide Coalition Surge Tests; and conducting the annual Hazard Vulnerability Assessment.

North Central Wisconsin Healthcare Emergency Readiness Coalition Exercises

Planned tabletop exercises for coalition partners to exercise regional plans to manage high-threat infectious disease outbreaks and mass casualty incidents resulting in medical surge and mass fatalities. Responsibilities included designing, facilitating, and evaluating the tabletop exercises (TTXs), including the development of an After Action Report and Improvement Plan.

Massachusetts Jurisdictional Risk Assessments

Led project to design and implement a participatory, multi-sectoral risk assessment process for the six Health and Medical Coordinating Coalitions (HMCCs). Project included development of an online survey for coalition members to prioritize risks from a set of nine hazards and assess regional preparedness using a JSI-developed instrument derived from the CDC's 2011 Public Health Emergency Preparedness Capabilities and the 2016 Health Care Capabilities. Analyzed data and facilitated in-person meetings with coalition members in each region to review results and plan appropriate mitigation strategies to reduce risk. Developed toolkit to assist HMCCs with mitigation strategy development and implementation.

Speare Memorial Hospital High Threat Infectious Disease Plan Development

Worked with Speare Memorial Hospital to revise existing plans to incorporate most recent guidance on the identification, isolation, and management of suspect and confirmed high threat infectious disease cases, including protocols for PPE donning and doffing, readying isolation rooms, laboratory sample management, internal patient transport, and radiology.

New Hampshire Ebola and Emerging Infectious Disease Readiness

Implemented project to improve preparedness of the health care system to identify, isolate, and manage high threat infectious disease cases. Conducted an assessment of current infectious disease readiness capacity of hospitals, based on the CDC Infection Control Assessment and Response Program's methodology. Planned and facilitated two HSEEP-compliant tabletops focused on isolation of an infectious disease patient and transporting an Ebola patient to the Regional Ebola Treatment Center in MA. Drafted NH's first ever High Threat Infectious Disease Plan and updated state Ebola Response Plan to address new guidance and findings from tabletop exercises.

New Hampshire Health Officer Training Development

Lead series of projects working with the NH Health Officer Liaison Unit to develop four online trainings to build the capacity of local health officers. Work included project and budget management, supporting the development of training objectives and content, and planning and directing two video shoots with health officers.

AMY LEE CULLUM

DEGREES

UNIVERSITY OF NEW HAMPSHIRE, COLLEGE OF HEALTH AND HUMAN SERVICES
M.S.N., C.N.L., 2017. NH Registered Nurse License # 076123-21.

HARVARD SCHOOL OF PUBLIC HEALTH, BOSTON, MASSACHUSETTS
M.P.H., Population and International Health, 2000

AMERICAN UNIVERSITY, SCHOOL OF INTERNATIONAL SERVICE, WASHINGTON, D.C.
M.A., International Development, 1995

BROWN UNIVERSITY, PROVIDENCE, RHODE ISLAND
B.A., International Relations, 1990

ADDITIONAL EDUCATION

HOMELAND SECURITY EXERCISE AND EVALUATION PROGRAM, BOW, NEW HAMPSHIRE AND BURLINGTON, VERMONT
Evaluator Certification, January 2008
Exercise Evaluation and Improvement Training Course, June 2006

NEW HAMPSHIRE DEPARTMENT OF SAFETY, DIVISION OF FIRE STANDARDS AND TRAINING, CONCORD, NEW HAMPSHIRE
IS-701: NIMS Multi-Agency Coordination System, September 2008
IS-700: NIMS an Introduction, March 2007
ICS-100: Introduction to ICS, March 2007
ICS-200: ICS for Single Resources and Initial Action Incidents, March 2007
ICS-300: Incident Management/ Unified Command for Complex and Expanding Incidents, July 2012
ICS-400: Advanced ICS for Command and General Staff, Complex Incidents, July 2015
MGT-439: Pediatric Disaster Response & Emergency Preparedness, September 2019

EXPERIENCE

JSI, Bow, New Hampshire

Senior Consultant, JSI, Health Services Division, June 2002 to present.

Provide technical assistance to local, state and national and international public health and health care (PH/HC) organizations and programs in the areas of planning, assessment, and evaluation to support the development of effective delivery systems. Topical expertise in quality improvement, PH/HC infrastructure development, PH/HC emergency preparedness and response, and primary care and long term care service delivery.

Selected projects:

MA Region 4AB Addressing Extreme Temperature Health Impacts. Subject Matter Expert on extreme temperatures public health emergency planning initiative. Designed and implemented Homeland Security Exercise Evaluation Program-(HSEEP-) compliant workshops working with the 60 regional health departments and their partners serving populations at higher risk and/or disproportionately impacted by extreme temperature events.

MA Region 5 Health and Medical Coordinating Coalition Hospital Evacuation Tabletop Exercise (TTX). Directed project to design, implement and evaluate an HSEEP-compliant tabletop exercise focusing on improving regional hospital and EMS coordination to transport and place evacuated inpatients. JSI convened an Exercise Planning Team to design the exercise, developed all exercise materials facilitated the in-person TTX for over 100 participants and developed the After-Action Report and Improvement Plan (AAR/IP).

Community Health Center Workforce Well-Being Technical Assistance, Health Resources and Services Administration, Bureau of Primary Health Care. Served as Quality Improvement Lead on project to provide data-driven technical assistance to Community Health Centers to address the drivers of workforce well-being and support BPHC's goals of reducing burnout, promoting workforce resiliency and strengthening workforce recruitment and retention.

Expanding Training for the Disease Intervention Workforce, Centers for Disease Control and Prevention (CDC), Division of STD Prevention. Technical Advisor a "Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats" program project focused on developing new and expanding existing training opportunities for the disease intervention workforce. Areas of work included development of curriculum content to increase jurisdictional surveillance capacity for STDs and other infectious diseases and expansion of a training program for disease intervention staff supervisors.

Hometown Health Center Behavioral Health Service Planning. Led project to assist the Newport, ME Hometown Health Center to plan for improvement and expansion of integrated behavioral health services (i.e., mental health and substance use services) over five years. JSI assessed current resources and systems through site visits and interviews with staff, as well as through review of Uniform Data System and other available data, reports, plans and protocols. JSI developed a Behavioral Health Service Model Plan including phased recommendations for primary services, staffing, and operational priorities needed to advance the models of care.

MA Region 5 COVID-19 After Action Report and Improvement Plans. Project Director on two projects to conduct HSEEP-compliant after-action review processes for the MA Region 5 Health and Medical Coordinating Coalition and the Bristol County (MA) Public Health Emergency Preparedness (PHEP) Coalition's response to the novel Coronavirus Disease 2019 (COVID-19) pandemic. JSI convened teams to plan each review process, facilitated virtual after-action review meetings with topic-specific breakout groups, and produced two AAR/IPs.

NH Public Health COVID-19 Response, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Served as one of five Investigation Branch Co-Directors, overseeing and supporting the work of more than 130 case and congregate setting investigators. Responsibilities included development and modification of investigation guidance, hiring and training of staff, management of operations, providing clinical input into investigations, quality management, and taking part in overall coordination of Operations Section efforts to reduce disease transmission. Supported planning for NH's COVID-19 homebound vaccination initiative.

Agency for Healthcare Research and Quality (AHRQ) National Nursing Home COVID-19 Action Network. Served as faculty on the northern New England portion of this nationwide training program working to stop COVID-19 transmission in nursing homes through supporting staff to implement quality improvement techniques based on the latest science. Responsible for reviewing new federal guidance and findings from peer reviewed journals with participants during weekly sessions.

NH Health Emergency Planning Technical Assistance and Training, New Hampshire Department of Health and Human Services, Division of Public Health Services, Office of Community and Public Health. Technical Advisor on project to assist regional planning groups to develop emergency plans and procedures for medical surge, medical countermeasure dispensing, emergency public information and warning, and emergency operations coordination. Implemented and evaluated HSEEP-compliant exercises to test regional plans. Developed and implement multimodal training programs for regional public health emergency response professionals and volunteers. Developed templates and materials to support the NH's Influenza A (H1N1) and Hepatitis C responses. Authored NH's Influenza A (H1N1), Hepatitis C, and Ebola Response AAR/IPs.

Granite State Health Care Coalition

Co-led coalition efforts to increase healthcare preparedness and meet US Administration for Strategic Preparedness and Response (ASPR) requirements including development of coalition preparedness and response plans, and leading the conduct and evaluation of the yearly statewide Coalition Surge Test, and implementation of the resource assessment. Co- led development of plans to address findings from the Coalition Surge Test to increase healthcare preparedness.

MA Department of Public Health Emergency (MDPH) Operations Plan and Recovery Annex Development, Massachusetts Department of Public Health, Office of Preparedness and Emergency Management.

Co-lead on initiative to update the MDPH Emergency Operations Plan and to draft a Disaster Recovery Annex in line with federal guidance and the Commonwealth of Massachusetts' existing Comprehensive Emergency Management Plan. Facilitated meetings of senior leaders to define MDPH Bureau roles in recovery, and to develop plan content.

OTHER ACTIVITIES - NH Medical Reserve Corps, Concord, Manchester, Derry, New Hampshire

Member, January 2010 to present



CARA GRIFFITH

JSI Research & Training Institute, Inc.; d.b.a. Community Health Institute

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE INSTITUTE ON DISABILITY
Building Futures Together Certificate, 2022

ST. LAWRENCE UNIVERSITY
B.A. Sociology, 2019. Public Health and Arabic Studies Minors

EXPERIENCE

JSI, Bow, New Hampshire, *Project Associate, February 2023-Present*

Current projects:

NH Department of Health and Human Services, Public Health Emergency Preparedness (PHEP)

(February 2023-Present)

Serves as an Analyst and Project Manager in providing technical assistance and support to the 13 Regional Public Health Networks in NH around public health emergency preparedness, planning, and response. Assists in meeting and training logistics, training development, and conducting and analyzing results from the statewide jurisdictional risk assessment. Assist in After Action Report development for the NH Mpox response. Supports the planning and logistics for the NH Emergency Volunteer Conference.

NH Department of Health and Human Services, NH Early Childhood Comprehensive Systems (ECCS)

(October 2023-Present)

Serves as a Project Associate responsible for providing support and technical assistance through CQI, coordinating virtual learning opportunities for providers, and establishing and providing contract management to a micro-grant with a focus on improving the experience of families receiving care or resource coordination support.

Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH), Workforce Provider Capacity

(February 2023-Present)

Provides project support for the Health Professional Shortage Area (HPSA) Analysis and Designation project for the state of Wyoming. Served as a Project Associate and Survey Coordinator responsible for assisting in identifying areas meeting the federal criteria for health professional shortage area (HPSA) and medically underserved area/population (MUA/P) in the state of Wyoming. Conducts collection and analysis of statewide primary care, mental health, and dental health survey data and completes data updates in the BHW Shortage Designation Management System (SDMS). Works with providers and members of the local service area to obtain and validate information for designations.

Previous projects:

NH Department of Health and Human Services, NH Student Assistance Network

(February 2023-October 2023)

Served as a Project Associate to provide support in planning, logistics, and coordination of Community of Practices, Regional Peer Collaboratives, and assisted in evaluation, contract management, and subcontracting process for over 30 Student Assistant Network programs across NH. The NH Student Assistance Network develops and promotes Student Assistance Programs and provides group and individual technical assistance, a Community of Practice learning collaborative, and support with evaluation and sustainability planning.

NH Department of Health and Human Services, NH Governor's Commission on Alcohol and other Drugs *(February 2023-October 2023)*

Served as a Project Associate responsible for providing technical assistance and support to the Coordination and Cooperation Task Force of the NH Governor's Commission on Alcohol and Other Drugs through the Center for Excellence on Addiction. This support included providing meeting preparation and support through note taking, creation of agendas, finalizing official meeting summaries and minutes for online publication, as well as coordinating internal meeting logistics and budget tracking.

PRIOR EXPERIENCE

The Upper Room, a Family Resource Center Derry, NH

(Program Coordinator, 2020-2023)

Managed Teen Information for Parenting Success and Kinship Navigation programs, to promote self-sufficiency and increase outcomes for over 50 families using a trauma informed approach. Developed and facilitated a calendar of workshops, while building strong partnerships with community organizations. Assisted in data collection, report writing, and case management as well as provide oversight to staff and volunteers.

PRESENTATIONS

Panelist, International Summit on Female Concussion and TBI at Georgetown University, 2016.

Speaker, TEDx Amoskeag Millyard at Southern New Hampshire University, 2015.

TRAININGS

HSEEP Certified (December, 2023), IS-100, IS-120, IS-700, IS-800



LAUREN FERRIDGE

JSI, [REDACTED]

EDUCATION

DARTMOUTH COLLEGE
BACHELORS IN BIOLOGY CONC. EPIDEMIOLOGY AND GLOBAL HEALTH, 2023

ADDITIONAL EDUCATION

FEMA EMERGENCY MANAGEMENT INSTITUTE COURSES
IS-700: An Introduction to the National Incident Management System, March 2024
IS-800: National Response Framework, An Introduction, March 2024
ICS-100: Introduction to the Incident Command System, March 2024
ICS-120: An Introduction to Exercises, March 2024
ICS-130: How to be an Exercise Evaluator, March 2024

EXPERIENCE

JSI Research & Training, Inc., Boston, Massachusetts
Project Coordinator, July 2023-Present

New Hampshire Public Health Emergency Planning Technical Assistance and Training – Project support to Provide technical assistance and support to Regional Public Health Networks in NH around public health emergency preparedness, planning, and response. Assist in developing and delivering trainings and tools on a variety of public health and emergency response topics, including standard precautions, points of dispensing, and public information. Provide support to organize, facilitate, and record RPHN PHEP Coordinator Meetings, CERT/MRC Coordinator Meetings, and most recently two CHEMPACK Awareness Training Webinars.

Viral Hepatitis Elimination Plan – Provide viral hepatitis prevention and surveillance services in collaboration with the NH Division of Public Health Services, Maine Centers for Disease Control (ME CDC), and the Vermont Department of Health (VT DOH). Specific tasks include high-level qualitative analysis of interviews, participation in iterative development of elimination goals and objectives, presenting findings and facilitating brainstorming in virtual workgroups to over 100 external stakeholders. Adept at using software applications to support project processes including Miro, Canva, and Zoom.

NH Student Assistance Network – Developing, aligning, and promoting the Student Assistance Program (SAP), in collaboration with the NH Bureau of Drug and Alcohol Services, to provide group and individual technical assistance, community learning collaboratives, and support for evaluation and sustainability programing for schools with SAPs. Conducting administrative tasks with efficiency, a high level of autonomy, and attention to detail; organizing site visits, designing and preparing materials for internal, external, and TA meetings. Taking on creative and research roles to develop a Vaping Toolkit to disseminate amongst schools.

NH Governor's Commission on Alcohol and Other Drugs, Assistance to Coordination and Cooperation Task Force – Providing technical assistance and logistical support to NH Governor's Commission on Alcohol and Other Drugs. Duties include organizing and prepare materials for task force meetings, taking detailed minutes at meetings, promptly creating formal summary and minutes to be shared on the Center for Excellence website.

EngenderHealth Washington, D.C.
Gender, Youth, and Social Inclusion (GYSI) Intern, 2022

Researched and analyzed current literature to compile a thematic literature review exploring the impact of sports inclusion and interventions on adolescent sexual and reproductive health. Interacted with existing partners and inspired new collaborations to complete a concept note supporting integrating sports into gender equality programming that was presented to the broader Engender Health community at the conclusion of the internship.

Dartmouth Global Health Fellow Hanover, NH
Program Participant, 2022-2023



Engage in activities in global health methods, equity, access, security, and leadership to consider complex global challenges around health and wellness, human rights, health security and health diplomacy. Developed skills including communication, diversity awareness, public health policy analysis through a variety of events including a pandemic outbreak simulation.

CERTIFICATIONS

Harm Reduction Specialist. International Certification & Reciprocity Consortium. As of March 2024

CITI Human Subjects Research for Social and Behavioral Research. Exp. August 2028

HIPAA For Business Associates. Exp. Aug 2024

Dartmouth Global Health Fellow Certification. 2022-2023

Awarded by the John Sloan Dickey Center for International Understanding for excelling in requirements of the GHF program.

COMPUTER SKILLS

Highly skilled at using Canva, Miro, and Zoom Workplace.

Proficient in G-suite and Microsoft programs including Excel.

Familiarity with STATA.

EMILY MCMASTER

JSI Research & Training Institute, Inc., [REDACTED] [REDACTED]

EDUCATION

NORTHEASTERN UNIVERSITY

Master of Science in Global Studies and International Relations, 2020

ST. LAWRENCE UNIVERSITY

Bachelor of Arts in Performance & Communication Arts and Music, 2016

Honors in Performance & Communication Arts and Music

Magna Cum Laude

EXPERIENCE

JSI Research & Training Institute, Inc. d/b/a Community Health Institute, Bow, NH Project

Manager, May 2023 - present

New Hampshire Chronic Disease Program

Project Manager for Chronic Disease, with a focus on Breast and Cervical Cancer, Comprehensive Cancer, and Arthritis, supporting the team providing technical assistance, graphic design services and contract management. Multiple learning opportunities, virtual and in-person, are planned, promoted, and implemented. Oversee purchasing and the tracking and maintenance of program budgets.

New Hampshire Radon Program

Serve as Project Manager supporting the team to facilitate a student poster contest through New Hampshire middle school teachers, create an ad campaign to promote radon testing in homes, assist with event facilitation for stakeholders throughout the state, host a training for realtors to become NRPP certified, create an informative brochure to be used by libraries for radon testing, and assist with the creation of an instructional video for radon testing. Assist with the tracking and maintenance of the program budget.

New Hampshire Immunization Programs

Serve as Fiscal Manager for the Immunization Program, Task 003 and 004. Support the project through tracking and maintenance of program budgets, process invoices, and create quarterly reports.

GSU Tobacco Messaging

Project Manager for the GSU Tobacco Messaging work. This includes managing pieces of the focus groups, such as transcription services, food orders, gift card stipend orders, and tracking focus group materials for the client. Assist with notes as needed and manage tracking for the budget.

Sealing Smiles Across NH – Oral Health

Project Manager for the Sealing Smiles Across NH campaign. Coordinate meetings with the client – DPHS and Solvere Health. Facilitate translation and printing of materials for school-based clinics, and assist with promotion of the program. Oversee purchasing, invoices, and assist with the tracking of program budgets.

Community-Based Partnerships for Comprehensive Tobacco Cessation and Promotion

Project Manager for Tobacco Free Network and the Tobacco Prevention and Cessation Program strategic plan. Coordinate virtual and in-person meetings, create surveys, and assist with communication materials.



Food Protection Services

Project Director for the Food Protection Services program. Coordinate a spring training, order posters for restaurants, and assist with the development and edits of a food protection manual.

NH Emergency Volunteer Conference

Project Manager for the event. Facilitate the planning committee meetings and discussions, coordinate venue logistics, manage speakers and all facets of the event planning, and provide overall event support.

Health Officer Program

Project Manager for the Environmental Health & Cancer training module project. Manage scholarship applications for health officers.

Public Health Lab

Project Manager for the Public Health Lab video and module project. Take notes for client meetings, provide logistical support, and assist with the video shoots and editing of the content.

Health Officer Regional Meetings

Administrative support coordinating trainings in each Regional Public Health Network for Health Officers. Provide logistical event support, including invitations, registrations, coordinating a raffle for each meeting, overseeing venue logistics, and in-person support at the meetings.

JSI Events

Serve as Project Manager supporting the team to provide logistical assistance with statewide events, focused on a variety of contracts. This includes the NH School Nurses Association Essentials conference and Resiliency conference, as well as event support for Drug Treatment Court, Juvenile Diversion, NH Immunization Conference, and Environmental Health Conference.

NH Granite State Ambassadors, NH

Operations and Communications Director, January 2021-May 2023

Provided support to volunteers and center managers in visitor centers throughout the state. Coordinated communication efforts, including a bi-weekly newsletter to volunteers and a quarterly newsletter to industry members. Created social media campaigns for fundraising efforts and announcements about educational programming. Responsible for creating and disseminating press releases about program updates and events. Facilitated the educational opportunities for volunteers, which included virtual lectures, in-person tours, and virtual interviews. Provided support for an annual online auction, new volunteer trainings, and other projects as needed. Conducted data entry for volunteer hours and created monthly reports.

NH Granite State Ambassadors, NH

Volunteer and Event Manager, December 2018-December 2020

Supervised volunteers on-site at events throughout the state. Facilitated pre-event management, including orientation packets, meetings, volunteer communication, and event set-up. Conducted post-event management, including reports for event staff and tracking volunteer hours. On-site set-up for the NH Tourism booth, supporting the Department of Travel & Tourism.

NH Public Health Association, Concord, NH

Workforce Development Coordinator, February 2018-2019

Implemented a student mentoring program for public health students, which included mentoring events within the program. Coordinated webinars and trainings for public health professionals. Created promotional materials for events and trainings. Promoted trainings and events through social media.

COMPUTER SKILLS

Microsoft Office Suite
G Suite (Google)
Wordpress



MailChimp Constant
Contact
SurveyMonkey
Volgistics
Airtable
Alchemer
Cvent

HONORS AND AWARDS

Graduate of Greater Concord Leadership, Class of 2022

Citation from Governor Sununu for work completed with NH Granite State Ambassadors, 2021

Rhetoric and Communication Studies award recipient, 2016

Undergraduate Honors Research Conference participant: "Denmark Tourism: Space, Place and Embodiment", 2016

TATIANNNA TROJNOR-HILL

JSI • [REDACTED] • [REDACTED] [REDACTED]

EDUCATION

- NAZARETH COLLEGE, ROCHESTER, NEW YORK
Bachelor of Science, Public Health and International Studies, 2021, Magna Cum Laude
- *Minors, Sociology and German Studies*

EXPERIENCE

JSI Research & Training Institute, Inc. Bow, New Hampshire
Program Coordinator, October 2021 to present

NH HIV Planning Group (HPG) *October 2021 to present*

Serves as a Program Coordinator. Support includes coordinating HPG and subcommittee meetings, creating agendas, note-taking, meeting facilitation, distributing minutes, data analysis, independent creation of data dashboards and reports for client review, monitoring HPG-related contact forms, creation of NH HPG Prevention supplies accounts. Co-planner for the 340b Sexual Health Virtual Trainings in 2023 and 2024.

Tick-Free New Hampshire *October 2021 to present*

Serves as a Program Coordinator. Supporting the development of a marketing campaign for a private funder via the NH Charitable Foundation to reduce tick encounters and cases of Lyme disease in New Hampshire. Support includes creating agendas, note-taking, distributing minutes, assisting with web copying, report writing, attending and coordinating in-person events, coordinating Train-the-Trainer trainings, and managing Tick Free NH Council meetings and activities. Lead budget manager for the project as of July 2024.

Community Based Partnership for Comprehensive Tobacco Control *October 2021 to present*

In conjunction with the Mass Media Vaping project, support includes creating agendas, note-taking, distributing minutes, conducting literature reviews, coordinating focus groups and incentives, event coordination, and invoice processing. Helping to develop four eLearning modules for the QuitWorks-NH website. Coordinates the applications of and maintains the CEU credits for modules.

NH Immunization Conference *October 2021 to present*

Event logistics support for the 2024 Environmental Health Conference. Support includes managing registration and assisting the event manager with administrative support. Over 150 people attended the event in the spring of 2024.

NH Treatment Court Conference *September 2022 to present*

Event logistics support for the two-day NH Treatment Court Conference. Support includes coordinating event activities and assisting the event manager with administrative support. Over 150 people attended the event in the fall of 2024.

NH Emergency Volunteer Conference *March 2023 to present*

Event logistics support for the 2024 Emergency Volunteer Conference. Support includes coordinating registration, coordinating activity fair, and assisting the event manager with administrative support. Over 130 people attended the event in the fall of 2024.

Lead in Drinking Water Remediation Funding for Child Care Facilities *October 2024 to present*

Serves as a Program Coordinator. Supporting the distribution of funds from New Hampshire's Drinking Water and Groundwater Trust Fund to licensed child care facilities in New Hampshire to remediate exposure to lead in drinking water. Support includes application development, grant management, and invoice tracking and reconciliation.

Past Projects

NH Council for Youth with Chronic Conditions Needs Assessment October 2021 to October 2022

Served as a Program Coordinator. Support included assisting with data collection activities including focus groups and key informant interviews, developing flyers and other distributable materials, conducting a PhotoVoices project, developing a survey, and performing a secondary data analysis.

NON-PROJECT ACTIVITIES

HSD Events Management Resource Group - August 2023 to Present

This group is a cross-office collaborative effort to network and centralize in-person and virtual event related procedures and platforms across JSI as an organization.

NNE Staff Meeting Coordinator - January 2025 to June 2025

Will work with fellow NNE team members to build agendas for monthly NNE staff meetings. Support will include developing ice breakers, creating and disseminating agendas, speaker outreach, and facilitating meetings.

JSI Buddy - July 2022 to January 2024

Served as a mentor to two program coordinators in the Northern New England office. Mentorship included meeting regularly, providing background knowledge and answering questions regarding project work and/or JSI, describing best practices for project work, and encouraging self advocacy.

PAST EXPERIENCE

Nazareth College, Rochester, New York - Research Assistant, June 2021 – November 2022

Conducted a literature review on COVID-19 health disparities and state/federal policy responses to characterize the variation in testing and diagnosis of COVID-19 and its symptomatology among young people in the United States. Assisted with data collection and writing of abstract/manuscript. Abstract was accepted and presented at the 2022 APHA Annual Meeting and Expo in Boston, Massachusetts.

Cameron Community Ministries, Rochester, New York - Public Health Intern, January 2021 – April 2021

Contributed to the delivery of food preparation, meal services, and donation coordination for 200,000 people. Coordinated, evaluated, and participated in the on-site food pantry, serving dozens of families and individuals a week. Implemented new pantry programs and generated infographics and advertisement material for distribution to the Lyell-Otis neighborhood and the greater Rochester area.

PRESENTATIONS

The Convenience Epidemic: The Spread, Fascination, and Adaptation of Global Fast Food; 11th Annual America Week Conference; University of Veszprem, Veszprem, Hungary; March 11-14, 2018.

Mitigating the Spread of Disease: Implementing Mobile-Handwashing Stations to Improve Health Outcomes of the Migrant Farm Worker Population; Nazareth College Creative Activity and Research Showcase; Rochester, New York; April 2021.

Characterizing Racial/Ethnic Disparities in COVID-19 Testing and Outcomes During 2020; 2022 APHA Annual Meeting & Expo; Boston, Massachusetts; November 6-9, 2022

RELEVANT TRAININGS & CERTIFICATIONS

Collaborative Institutional Training Initiative (CITI Program)

Facilitation Training (JSI) – November 2023

COMPUTER SKILLS

Microsoft Office, Google Suite, Canva, Alchemer, Mailchimp, Survey Monkey, Brevo

KATHERINE ROBERT, MPA

JSI Research & Training Institute, Inc.

EDUCATION

UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NEW HAMPSHIRE
Master of Public Administration, 2009
Bachelor of Arts in Political Science, 2006

EXPERIENCE

JSI Research & Training Institute, Inc., Bow, New Hampshire
Consultant, December 2007 to present

JSI provides consultation to health care organizations in the areas of health services delivery, public health, practice management, information for decision-making, and program evaluation. Clients include government agencies, public and private health care providers (hospitals, group practices, community health centers, family planning organizations, health maintenance organizations, community-based coalitions and social service agencies). JSI is a health care consulting firm working with clients in the public and private sectors. Since 1978, JSI has provided consulting, research and training services for agencies and organizations seeking to improve the health of individuals, communities and nations.

Healthy Start EPIC Center *December 2014 to present* Provide technical assistance and training to Healthy Start grantees to ensure program effectiveness in achieving the goals to reduce infant mortality and health disparities, and improve perinatal health outcomes. This project focuses on providing comprehensive and innovative capacity building assistance to community-based grantees, measuring project success by the degree to which grantees achieve core competencies essential for effective implementation of the Healthy Start model and institutionalize a culture of QI and evaluation based on a foundation of documented program effectiveness. Primary responsibilities include coordination of technical assistance.

NH Home Visiting Statewide Training Coordination *July 2015 to present* Develop, coordinate, and implement a statewide training plan for the state's 11 MIECHV-funded home visiting agencies currently implementing the Healthy Families America program. Conduct annual needs assessment, identify subject-matter expert trainers, and engage in continuous dialogue with agencies to most effectively provide training and technical assistance resources.

Trauma Informed Care for Early Childhood Services (TIECS) Training Coordination *July 2014 to present* Engaged subject matter experts and early childhood service professionals from around the state to complete a Train the Trainer exercise and subsequent 50+ community trainings to train over 600+ professionals serving young children and their families. Work with technical staff to translate the in-person training curriculum to an e-learning format, and with subject matter experts to develop and facilitate a learning collaborative to train interested professionals in becoming early childhood trauma consultants.

Cheshire County Adult Drug Court Program *September 2013 to present* Manage the development of an evaluation protocol, data management systems, and periodic evaluation reports for the SAMHSA/CSAT-funded Cheshire County Drug Court (CCDC). Provide on-going technical assistance to ensure adherence to drug court model.

Public Health Program Services and Supports *June 2010 to present* Serve as fiscal manager for the master contract by which various programs within the NH Department of Health and Human Services engages JSI for work. Coordinate monthly review of invoices across 15+ tasks, and a \$2 million budget. Manage all contract set up and documentation.

NH Immunization Marketing *June 2010 to December 2015* Provided project coordination support, and worked with the NH DHHS Immunization Program staff and community stakeholders to research, and assist in the development and implementation of a statewide marketing and awareness campaign aimed at increasing immunization rates for the priority population.

K.Robert I



NH Environmental Public Health Tracking Program Data Utilization and Outreach Project *April 2012 to November 2015* Worked with NH DHHS Environmental Public Health Tracking Program (EPHT) staff and partners to increase the utilization of the EPHT's data portal and other communication tools by developing a communication plan consisting of contemporary marketing and outreach strategies. Assist EPHT in developing a user analytics data collection process for web-based tools.

Poison Control Innovation/Transformation Project *September 2013 to December 2014* Developed market research protocol to inform the development of a three-year innovation/transformation plan for the American Association for Poison Control Centers. Designed a survey to assess poison control centers' (PCC) use and inclination to use new communications modalities to reach consumers of PCC services, conducted an environmental scan of organizations with characteristics similar to PCCs, and conducted focus groups and key informant interviews. Produced market research report focusing on identification of opportunities for PCCs to expand their role and visibility through the use of new partnerships and communications modalities while maintaining quality in the assessment triage and management of poison exposures.

SHARE Needs Assessment *September 2013 to May 2014* Developed methodology for local non-profit needs assessment, covering five towns in Southern NH. Developed protocols for focus groups and key informant interviews, designed and analyzed community service provider survey. Developed and presented final needs assessment report.

Nashua Community Health Assessment *September 2013 to January 2014* Worked with client to develop appropriate protocols for focus groups with targeted segments of population, varying from topic-specific issues, to general health issues. Facilitated and summarized focus group findings.

Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Services *May 2012 to June 2013* Recruit and hire qualified consultants to implement NAP SACC in targeted NH communities. Provide technical assistance to consultants during the project period through program recruitment support, logistical support, and implementation support. Conduct an evaluation of past NAP SACC interventions from the perspective of trained sites and trainers.

NH Breast and Cervical Cancer Program Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of four market research focus groups around promotional materials promoting breast and cervical cancer screenings. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Dartmouth-Hitchcock Colorectal Cancer Screening Focus Groups *April 2012 to June 2012* Convened, facilitated, and summarized findings of two market research focus groups around six posters designed by the Dartmouth-Hitchcock Colorectal Cancer Screening Program. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for promotional materials development.

Tobacco and Obesity Policy Project *June 2010 to January 2012* Provided project management support, and worked with NH DHHS Obesity Prevention Program and Tobacco Prevention and Control Program staff and partners to assist in the development of strategies and creation of trainings and materials for licensed childcare settings, schools, and workplaces to develop and adopt evidence-based guidelines around nutrition, physical activity, screen time, and tobacco exposure. Conduct qualitative research to inform process.

Dartmouth-Hitchcock Early Childhood Messaging Collaborative Focus Groups *December 2011 to January 2012* Convened, facilitated, and summarized findings of four market research focus groups around six logos and three graphic sets designed for the HNH foundation-funded Early Childhood Messaging collaboration. Finalized a focus group script, developed relevant recruitment and logistical materials, and developed a final report with recommendations for the logo and graphic development.

NH County Rankings Video Project *September 2011 to December 2011* Participated in a collaborative process of the NH State County Health Rankings Team to produce video vignettes focusing on state and local Public Health. Data from the NH County Health Rankings and the NH State Health Report were linked to stories gathered around the state that illustrate community actions to improve health or people impacted by improvements in public health. The video(s) will be used to educate and motivate individuals and communities into action to improve the health of their community and state.



Strategic Prevention Framework – Local Regional Evaluation *January to March 2009* Data entry and data analysis for surveys of four strategic prevention framework regions. Worked in SPSS to clean and analyze the data. Created summary reports to provide to the client.

Manchester Community Needs Assessment *December 2008 to December 2009* Provided logistical support to the project by serving as a liaison between the MSAP Data Committee and the Community Health Institute team. Assigned team roles, managed the budget, and defined key deadlines. Collected quantitative state and local data, as well as analyzed and summarized focus group and key informant survey data. Assisted in the development and editing of the final Needs Assessment Report.

Rivier University, Nashua, New Hampshire
Adjunct Faculty, September 2016-present

Developed the curriculum for and instructs the online capstone for the undergraduate Public Health program.

PROFESSIONAL ASSOCIATIONS

NH Public Health Association, President

- Board of Directors – 2012 – Present
- Communications Committee, chair – 2012 – Present

NH Home Visiting Coordinating Council

- Member, 2015

American Public Health Association

- Member, 2013 - Present

COMPUTER SKILLS

Proficient in Adobe InDesign CS5.5, Adobe Illustrator CS5.5, Microsoft Word, Excel, and Publisher. Working knowledge of Microsoft Access, QuickBooks, Adobe Photoshop, and SPSS.



CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Alyson Cobb	Project Director & PHEP SME	\$114,660.00	35%	\$91,894.65
Amy Cullum	PHEP SME	\$144,000.00	19%	\$63,433.23
Cara Griffith	PHEP Analyst	\$67,155.12	35%	\$54,428.89
Lauren Ferridge	Program Coordinator	\$62,420.88	20%	\$28,189.52
Emily McMaster	Conference Coordinator	\$74,105.28	9%	\$15,427.96
Tatianna Trojnor-Hill	Conference Support	\$65,210.30	6%	\$9,554.66
Katie Robert	Regional Director	\$148,000.00	1%	\$3,740.49