



7C
 48
 MAR 04 2026

February 24, 2026

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

REQUESTED ACTION

Authorize the Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH) to enter into a **Sole Source** contract with the University System of New Hampshire (VC#315187), Durham, NH, in the amount of \$96,929,726, to strengthen New Hampshire's rural healthcare workforce by building rural healthcare career pathways and career ladders from high school to graduate programs, effective upon Governor and Council approval through September 30, 2031. 100% Federal Funds.

Funds are available in the following account for State Fiscal Year 2026 and 2027, and are anticipated to be available upon the availability and continued acceptance of funds by the Fiscal Committee of the General Court and the Governor and Executive Council, 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.

01-02-02-020310-60840000 General Government, Executive Department, Executive Department, GO-NORTH, GO-NORTH

State Fiscal Year	Class / Account	Class Title	Amount
2026	74-500585	Grants for Public Relief	\$15,684,232
2027	74-500585	Grants for Public Relief	\$19,587,120
2028	74-500585	Grants for Public Relief	\$19,927,058
2029	74-500585	Grants for Public Relief	\$20,554,520
2030	74-500585	Grants for Public Relief	\$21,176,796
		Total	\$96,929,726

EXPLANATION

The Centers for Medicare & Medicaid Services (CMS) established the Rural Health Transformation Program to support states and rural communities in strengthening rural healthcare delivery and access, improving outcomes and equity, advancing prevention and population health, enhancing care coordination and affordability, and building sustainable rural health system capacity through investments in infrastructure, workforce, and data/technology. CMS approved New Hampshire's Rural Health Transformation Plan (RHTP) and awarded the first of five years of federal funds to implement RHTP activities. A core initiative is coordinated rural workforce development—aligning healthcare career and technical education programs, post-secondary institutions, and rural employers to expand rural healthcare training and career progression.

This request is **sole source** because CMS approved New Hampshire's use of a sole source agreement with the Contractor to lead development and expansion of rural healthcare career pathways and ladders through (1) a Governor's Health Scholars Award Program; and (2) a rural health transformation "common campus" that expands access to clinical education and training.

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

As the State's university system, the Contractor is uniquely positioned to deliver these activities through its statewide academic programs, clinical training infrastructure, faculty and student pipeline, and clinical placement systems.

The Governor's Health Scholars Award Program will provide targeted awards to individuals completing healthcare professional degree programs in New Hampshire, including associate, undergraduate, graduate, and doctoral residency programs. Awards will focus on critical, high-need fields (e.g., behavioral health, nursing, dental, and primary care) and will require post-graduate practice in rural New Hampshire consistent with CMS requirements, including a five-year rural service obligation. The Contractor will partner with rural healthcare employers so the program can support employer-based recruitment and retention by helping employees advance credentials and careers.

The rural health transformation common campus will expand rural access to hands-on training by creating an interoperable clinical simulation network linking the university system, the Community College System of New Hampshire, other secondary/post-secondary institutions, and rural healthcare employers. Training will be delivered through fixed simulation hubs and mobile simulation units, supporting areas such as maternal health, behavioral health, substance use, emergency services, dental health, and primary care. This approach will help rural providers reduce training and turnover costs by enabling upskilling and cross-training with minimal disruption to service delivery and by strengthening "grow-your-own" workforce strategies—supporting a larger locally trained talent pipeline and reducing vacancy and traveler/agency staffing reliance.

Together, these activities will reduce barriers to healthcare education by minimizing travel, increasing access to clinical learning opportunities, and easing clinical placement bottlenecks that can delay entry into the workforce.

GO-NORTH will oversee performance through quarterly and annual progress reports documenting activities, participation, and outcomes, along with regular check-ins to review deliverables, resolve implementation issues, and confirm compliance with contract requirements. Key performance measures will include pipeline growth, completion of simulation-based training, and impacts on rural workforce capacity and access to care.

Approval of this is essential to implement New Hampshire's Rural Health Transformation Plan workforce initiatives, address rural provider shortages, expand clinical training capacity, build durable rural career pathways and ladders, and support the ability to achieve the CMS milestones tied to continued federal funding.

Area served: Statewide

Source of Federal Funds: Assistance Listing Number #93.798, FAIN # RHTCMS332050

Respectfully submitted,

Signed by:

73EDD38F65334ED

Donnalee Lozeau, Director
Governor's Office of New Opportunities &
Rural Transformational Health

COOPERATIVE PROJECT AGREEMENT
between the
STATE OF NEW HAMPSHIRE,
and the
UNIVERSITY SYSTEM OF NEW HAMPSHIRE

- A. This Cooperative Project Agreement (hereinafter "Project Agreement") is entered into by the State of New Hampshire, Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH"), (hereinafter "State"), and the University System of New Hampshire, acting through **University of New Hampshire**, (hereinafter "Campus"), for the purpose of undertaking a project of mutual interest. This Cooperative Project shall be carried out under the terms and conditions of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, except as may be modified herein.
- B. This Project Agreement and all obligations of the parties hereunder shall become effective on the date the Governor and Executive Council of the State of New Hampshire approve this Project Agreement ("Effective date") and shall end on September 30, 2031. If the provision of services by Campus precedes the Effective date, all services performed by Campus shall be performed at the sole risk of Campus and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay Campus for costs incurred or services performed; however, if this Project Agreement becomes effective, all costs incurred prior to the Effective date that would otherwise be allowable shall be paid under the terms of this Project Agreement.
- C. The work to be performed under the terms of this Project Agreement is described in the proposal identified below and attached to this document as Exhibit A, the content of which is incorporated herein as a part of this Project Agreement.

Project Title: **Statewide Rural Health Workforce Efforts**

- D. The Following Individuals are designated as Project Administrators. These Project Administrators shall be responsible for the business aspects of this Project Agreement and all invoices, payments, project amendments and related correspondence shall be directed to the individuals so designated.

State Project Administrator

Name: TBD
Address: _____

Phone: _____

Campus Project Administrator

Name: Susan Sosa
Address: University of New Hampshire
Sponsored Programs Administration
51 College Rd. Rm 116
Durham, NH 03824

Phone: 603-862-4848

- E. The Following Individuals are designated as Project Directors. These Project Directors shall be responsible for the technical leadership and conduct of the project. All progress reports, completion reports and related correspondence shall be directed to the individuals so designated.

State Project Director

Name: Donnalee Lozeau
Address: 129 Pleasant St Concord, NH 03301

Phone: _____

Campus Project Director

Name: _____
Address: _____

Phone: _____

Campus Authorized Official

DS
16

Date
2/25/2026

F. Total State funds in the amount of \$96,929,726 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse Campus for costs exceeding the amount specified in this paragraph.

Check if applicable

Campus will cost-share _____ % of total costs during the term of this Project Agreement.

Federal funds paid to Campus under this Project Agreement are from Grant/Contract/Cooperative Agreement SS-2026-DMS-02-STATEW-01 from Centers for Medicare & Medicaid Services, Department of Health and Human Services CFDA#93.798. Federal regulations required to be passed through to Campus as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002, are attached to this document as Exhibit B, the content of which is incorporated herein as a part of this Project Agreement.

G. Check if applicable

Article(s) _____ of the Master Agreement for Cooperative Projects between the State of New Hampshire and the University System of New Hampshire dated November 13, 2002 is/are hereby amended as follows:

H. State has chosen may take possession of equipment purchased under this Project Agreement. If applicable, the Contractor must request disposition instructions from GO-NORTH for any equipment, as defined in 2 CFR 200.313, purchased using funds provided under this Agreement, including information technology systems.

State has chosen **to take** possession of equipment purchased under this Project Agreement and will issue instructions for the disposition of such equipment within 90 days of the Project Agreement's end-date. Any expenses incurred by Campus in carrying out State's requested disposition will be fully reimbursed by State.

This Project Agreement and the Master Agreement constitute the entire agreement between State and Campus regarding this Cooperative Project, and supersede and replace any previously existing arrangements, oral or written; all changes herein must be made by written amendment and executed for the parties by their authorized officials.

IN WITNESS WHEREOF, the University System of New Hampshire, acting through the **University of New Hampshire**, and the State of New Hampshire, have executed this Project Agreement.

**By An Authorized Official of:
University of New Hampshire**

Name: Louise Griffin _____

Title: Associate Vice President & Chief Research Administration _____

Signature and Date:

DocuSigned by:
Louise Griffin 2/25/2026

**By An Authorized Official of: the New
Hampshire Office of the Attorney General**

Name: Robyn Guarino _____

Title: Attorney _____

Signature and Date:

DocuSigned by:
Robyn Guarino 2/25/2026

748734844941460...

**By An Authorized Official of:
GO-NORTH**

Name: Donnalee Lozeau _____

Title: Director _____

Signature and Date:

Signed by:
Donnalee Lozeau 2/25/2026

**By An Authorized Official of: the New
Hampshire Governor & Executive Council**

Name: _____

Title: _____

Signature and Date:

Campus Authorized Official _____

Date
2/25/2026

DS
LG

EXHIBIT A

- A. Project Title:** Statewide Rural Health Workforce Efforts
- B. Project Period:** This Agreement is effective upon Governor and Executive Council approval through September 30, 2031 for all services. Following the Completion Date of the Agreement, the Contractor must, as applicable, for funds used to recruit or retain clinical workforce talent to Rural Areas (defined below), continue to track and ensure compliance with the five (5) year commitment to serve a Rural Area through the date the last individual, to whom the five (5) year commitment to serve a Rural Area applies, completes their five (5) year commitment or otherwise discontinues their clinical service in a Rural Area of New Hampshire. Rural Area is defined as either (i) a healthcare clinical facility located in a in rural regions of New Hampshire as defined by HRSA (<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>); or (ii) a healthcare facility meeting the definition of a rural health facility under the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21)This provision shall survive the termination of this Agreement.
- C. Objectives:** See Exhibit A-1, Scope of Services
- D. Scope of Work:** See Exhibit A-1, Scope of Services and Exhibit A-2, Federal Requirements.
- E. Deliverables Schedule:** See Exhibit A-1 Scope of Services
- F. Budget and Invoicing Instructions:** See Exhibit A, Item F-1 Budget and Exhibit A, Item F-2 Payment Terms.

EXHIBIT B

This Project Agreement is funded under a Grant/Contract/Cooperative Agreement to State from the Federal sponsor specified in Project Agreement article F. All applicable requirements, regulations, provisions, terms and conditions of this Federal Grant/Contract/Cooperative Agreement are hereby adopted in full force and effect to the relationship between State and Campus, except that wherever such requirements, regulations, provisions and terms and conditions differ for INSTITUTIONS OF HIGHER EDUCATION, the appropriate requirements should be substituted (e.g., OMB Circulars A-21 and A-110, rather than OMB Circulars A-87 and A-102). References to Contractor or Recipient in the Federal language will be taken to mean Campus; references to the Government or Federal Awarding Agency will be taken to mean Government/Federal Awarding Agency or State or both, as appropriate.

Special Federal provisions are listed here: None or

Campus Authorized Official 
Date
2/25/2026

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



Scope of Services

Purpose

WHEREAS, the Centers for Medicare & Medicaid Services (“CMS”) has established the Rural Health Transformation Program (“CMS RHTP”), a competitive federal funding initiative intended to support states and rural communities in strengthening rural health care delivery and access, improving health outcomes and equity, advancing prevention and population health strategies, enhancing care coordination and affordability, and building sustainable rural health system capacity through targeted investments in infrastructure, workforce, and data/technology-enabled improvements.

WHEREAS, CMS approved New Hampshire’s Rural Health Transformation Plan (“NHRHTP”) and awarded the State funding to implement NHRHTP initiatives.

WHEREAS, strengthening New Hampshire’s rural healthcare workforce through coordinated collaboration among, rural NH’s career technical education (“CTEs”) programs, the University of New Hampshire (“UNH” or “Contractor”), and rural healthcare employers to create and expand rural healthcare career pathways from high school to graduate level degrees is a main strategic goal of NH RHTP.

WHEREAS, The Contractor is a component institution of the University System of New Hampshire (“USNH”), which is established under state law to operate the State’s university system and plays an integral role in developing New Hampshire’s healthcare workforce through education and training.

WHEREAS, the purpose of this contract is to implement the workforce initiative in NHRHTP to create rural health care career pathway and career ladders, from high school to graduate level degrees, to address high-need rural health care workforce in partnership with rural health care employers through a Governors Health Award Program, Common Campus, and expansion of simulation training.

WHEREAS, Contractor and the Governor’s Office of New Opportunities & Rural Transformational Health (“GO-NORTH”) will work in collaboration to implement NHRHTP.

1. Statement of Work – Governors Health Awards Program

- 1.1. The Contractor will coordinate with the Community College System of New Hampshire (“CCSNH”) to establish a stakeholder advisory committee (“Workforce Stakeholder Advisory Committee”) to make recommendations on the implementation of the NHRHTP workforce initiative, to plan for the long-term sustainability of these NHRHTP workforce initiatives, and to establish partnerships between education partners and rural health care employers. Members on the Workforce Stakeholder Advisory Committee will include a representative from Contractor, USNH, the high school CTE centers, GO-NORTH, representatives of rural health care employers, such other representatives identified by Contractor in collaboration with GO-NORTH, and

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



such other representatives as identified by GO-NORTH. The Contractor, in collaboration with USNH, will provide GO-NORTH with a Workforce Stakeholder Advisory Committee structure and plan within thirty (30) days of the effective date of this Contract.

- 1.2. The Contractor will administer the Governor's Health Awards Program ("GHAP"), a federal-funded, university-administered program designed to increase the number of healthcare professionals working in rural New Hampshire (and particularly in high need/demand healthcare fields) and strengthen New Hampshire's rural healthcare services workforce by providing awards to individuals to pursue a health-related undergraduate or graduate degree program necessary for clinical practice at a New Hampshire university or college, including the New Hampshire Community Colleges. Contractor, in collaboration with GO-NORTH, shall determine the degree programs and healthcare related fields to be prioritized for GHAP and such priority shall be reflected, and updated from time to time, in the Work Plan (defined below). Contractor shall ensure individuals who receive a GHAP award shall, unless waived by GO-NORTH in writing, complete five (5) years of healthcare clinical service in rural New Hampshire (as further set forth below). In administering GHAP, Contractor will partner with rural healthcare employers to enable rural healthcare employers to use GHAP as a tool to retain, recruit, and advance the careers of their employees. Contractor shall administer GHAP to reduce barriers that prevent individuals from completing healthcare career pathways and entering into the rural New Hampshire clinical healthcare workforce, including, but not limited to (i) tuition support for up to 2.5 years (five academic terms); (ii) wraparound supports to reduce the cost of transportation, books and other clinical education needs; (iii) housing and transportation to complete clinical education placements; (iv) service-learning and mentorship; (v) partnerships with rural healthcare employers to connect graduates with rural healthcare employment opportunities; (vi) apprenticeship degree programs; and (vii) such other matters identified by GO-NORTH and Contractor.
- 1.3. The Contractor will ensure that activities are implemented to predominantly benefit and support (i) rural regions as defined by HRSA (<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>) and (ii) specific service providers in non-rural regions as allowed in the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21).
- 1.4. Subject to waiver as provided in Section 1.2, above, the Contractor will operate GHAP in compliance with the five (5) year service requirement in accordance with the CMS Rural Health Transformation grant, which requires individuals receiving an award to pursue a degree or credential or an award to work at a rural healthcare provider (e.g. recruitment or retention bonus) to commit to five (5) years of serving rural New Hampshire in a clinical healthcare related field.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



Contractor and GO-NORTH shall work in collaboration to develop protocols to establish controls to ensure the five (5) year service commitment, as applicable, is met in accordance with CMS guidance.

- 1.5. The Contractor will ensure the GHAP advances the following goals:
 - 1.5.1. Strengthen, expanding, and creating (where applicable) New Hampshire's health workforce pipeline by recruiting, preparing, and retaining students in high-need healthcare disciplines in rural areas, to include additional skills training for New Hampshire healthcare professionals.
 - 1.5.2. Expanding accessibility and alignment of healthcare workforce needs with healthcare workforce pathways to serve rural New Hampshire communities.
 - 1.5.3. Designing a program that increases the number and skills of healthcare professionals working in rural New Hampshire communities.
 - 1.5.4. Fostering collaboration across New Hampshire high schools, USNH universities, the CCSNH, and participating private colleges.
 - 1.5.5. Partnering with rural healthcare employers to allow the employer to use GHAP funded awards as a retention and recruitment tool for the rural healthcare employer's employees to advance their career with the employer through completion of healthcare degree program.
 - 1.5.6. In implementing and maintaining GHAP, the Contractor shall consider and incorporate, as applicable, recommendations of the Workforce Stakeholder Advisory Committee.
- 1.6. The Contractor will provide GO-NORTH, as part of its Work Plan (defined below) a plan to implement GHAP. The Work Plan will include:
 - 1.6.1. A review of existing rural healthcare needs assessments and the plan for collaboration with rural healthcare employers to identify high-need healthcare workforce needs.
 - 1.6.2. Details on how GHAP will address those workforce needs, the timeline to address those needs, and commitment to expand (and create as needed) New Hampshire's rural healthcare workforce in the immediate term (within 12-months), medium term (within 2-3 years) and long-term (4+ years).
 - 1.6.3. Partnerships with rural healthcare employers to (i) pursue further health care professional education as a recruitment and retention tool for the employer; (ii) retain employees by providing career ladder

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



awards through GHAP; and (iii) place awardees at rural healthcare employers to fulfill the 5-year service commitment; and

- 1.6.4. The criteria to select GHAP scholars, the process through which individuals can apply to become a GHAP scholar, and the criteria and standards a GHAP scholar must maintain to remain eligible for GHAP.
- 1.7. Subject to CMS RHTP requirements and guidance, the Contractor will ensure students who apply to GHAP understand and are willing to commit to five (5) years of service (i) at a healthcare facility in a rural New Hampshire region or healthcare employer with a service area that is predominantly rural or with a healthcare employer that has a clinic that is located in a rural region of New Hampshire (to determine what is rural versus non-rural, the rural region as defined by HRSA (<https://data.hrsa.gov/topics/rural-health/rural-health-eligibility>) shall be used) and/or (ii) with specific service providers in non-rural regions as allowed in the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21). The Contractor will:
 - 1.7.1. Explain the service commitment requirement and ensure candidates understand any applicable repayment agreement should they not meet the service requirement;
 - 1.7.2. Ensure that GHAP students receive additional support to place graduates for employment with rural healthcare employers;
 - 1.7.3. Forward the original agreement to GO-NORTH, retaining a copy for their records; and
- 1.8. The Contractor shall be responsible for maintaining complete and accurate documentation of all costs incurred to implement GHAP in full compliance with applicable Uniform Guidance, and CMS RHTP requirements (if a CMS RHTP requirement is not publicly posted or available, GO-NORTH shall provide Contractor with notice of such non-public CMS RHTP requirement). GO-NORTH shall have the right to access, inspect, monitor, and audit such records upon reasonable request. No duplicative documentation, parallel reporting, or redundant record-keeping processes shall be required beyond those necessary to meet applicable compliance and audit standards.
 - 1.8.1. The Contractor will align the submissions of applications and selection of GHAP scholars with the academic calendar and financial disbursements cycles.
- 1.9. In collaboration with GO-NORTH, the Contractor will develop and disseminate statewide communications materials, including marketing and recruitment outreach to:
 - 1.9.1. Participating colleges and universities.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



- 1.9.2. High school counselors.
- 1.9.3. Rural healthcare employers.
- 1.9.4. Bi-State Primary Care Association.
- 1.9.5. Other partners and stakeholders complementary to creating and expanding the clinical rural healthcare workforce.
- 1.10. The Contractor will support information sessions, technical assistance, and recruitment events as part of the statewide communications plan.
- 1.11. The Contractor will develop and maintain a reporting and tracking system to track GHAP applications, employment placement, the five (5) year service commitment, such other elements to show the impact on the rural clinical healthcare workforce and to support continuous GHAP improvement.
- 1.12. The Contractor, in accordance with the CMS RHTP five (5) year service commitment, and with prior approval of GO-NORTH, will develop, and facilitate, a repayment model to recoup GHAP awards from GHAP awardees who do not meet the five (5) year commitment to serve in rural healthcare in New Hampshire.
- 1.13. In an effort to streamline the placements for apprenticeships, clinical education or preceptorship, and employment, GO-NORTH will initiate and lead collaboration among healthcare workforce development stakeholders, to problem-solve and trouble-shoot bottlenecks that emerge in developing the workforce pipelines. For example, an initiative to create a standard set of required onboarding and compliance steps (e.g. background checks, immunizations, health screenings, and licensure prerequisites) necessary to participate in an apprenticeship or clinical education rotation or employment with a partnering healthcare employer, or to otherwise minimize regulatory or other barriers. The Contractor shall participate and collaborate in such initiatives as reasonably requested by GO-NORTH.
- 1.14. Sustainability
 - 1.14.1. The Contractor and GO-NORTH agree sustainability is a core goal of CMS RHTP. In developing and implementing GHAP, Contractor will lead and develop, in collaboration with GO-NORTH, a multi-year sustainability plan that provides for continued operation of the GHAP beyond CMS RHTP funding. As part of the Work Plan, Contractor shall maintain and update the sustainability plan and shall collaborate with GO-NORTH on such plan.
- 1.15. Staffing
 - 1.15.1. The Contractor will provide the following key personnel to implement and maintain GHAP, at minimum, on the FTE basis set forth. Any changes to key personnel must be reported to GO-NORTH as soon as practicable or

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



fifteen (15) days prior to such change if possible:

** - Denotes a key personnel that is responsible for oversight across GHAP and The Common Campus of NH – RHT, as described in Section 2.

UNH Principal Investigator **

Executive Director **

2. Statement of Work - The Common Campus of NH-RHT: Launching a Cooperative Simulation Learning Infrastructure for Rural Health Workforce Development

2.1. The Contractor will implement a statewide initiative designed to reduce rural provider shortages, improve clinical workforce capacity, improve retention of clinical providers in rural areas, and expand workforce pipelines across all rural areas of New Hampshire through the establishment and expansion of clinical simulation-based education. To implement this initiative the Contractor will establish federated statewide network that links the Contractor's college campus, the CCSNH, other New Hampshire secondary education institutions, and rural health care providers (collectively the "Common Campus of NH - RHT") to grow, develop, and retain rural healthcare workforce through launching a cooperative simulation learning infrastructure connected to workforce development. The Contractor will ensure the Common Campus of NH - RHT promotes shared curriculum, standardized simulation practices, regional hubs, mobile units, and workforce partnerships to produce a coordinated clinical simulation learning infrastructure aligned with rural healthcare needs.

2.2. The goal of the Common Campus of NH- RHT is to align education, simulation clinical learning technology, and workforce systems under one coordinated framework. The Common Campus of New Hampshire - RHT will help rural hospitals, federally qualified health centers ("FQHCs"), community mental health centers, and other rural providers reduce recruitment, onboarding, and turnover costs while increasing the workforce pipeline, upskilling the rural healthcare workforce to support top providers practicing at the top of license or credentials, and support stability and sustainability of New Hampshire's rural clinical healthcare workforce. Simulation-based education in high-demand areas such as maternal health, behavioral health, dental or oral health, substance use, and emergency response, reduces need for costly travel and temporary staffing, and mitigates bottlenecks in clinical training through reduced reliance on traditional clinical placements. The expansion of regional simulation hubs and mobile units ensures that rural providers can upskill existing staff and cross-train teams without disrupting service delivery and produce, "grow your own" pathways and retention strategies. As a result, providers and the communities they serve will benefit from a larger,

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



locally trained talent pipeline, lower vacancy rates, and fewer agency staffing expenses.

- 2.3. The Contractor shall procure, develop, and establish healthcare related simulation equipment to provide access to clinical simulation on Contractor's campuses, through regional hubs, and mobile sites to ensure access to clinical simulation throughout rural New Hampshire. Contractor will prioritize geographic areas based on needs and in collaboration with GO-NORTH.
- 2.4. The Contractor will design a Common Campus of NH-RHT implementation plan, which will include a (i) central node, UNH Health Sciences Simulation Center (HSSC), which shall serve as the statewide hub for simulation innovation, training standards, and curriculum development; (ii) regional nodes at Plymouth State University, Keene State College, CCSNH colleges, and other partners, to serve as regional training center hubs, equipped with high-fidelity simulation and faculty expertise; (iii) mobile simulation laboratories that deliver interprofessional, hands-on training directly embedded in rural and underserved communities, ensuring equitable access across all counties; and (v) a Common Campus of NH- RHT advisory committee of Contractor, CCSNH, other education partners, and rural healthcare employers to coordinate and collaborate across higher education, workforce agencies and healthcare providers.
- 2.5. The Contractor will submit to GO-NORTH as part of its Work Plan (defined below) Contractor's plan to implement the Common Campus of NH- RHT. The plan will provide for:
 - 2.5.1. simulation labs that include appropriate technology, equipment, and instructional tools such as mannequins, medical devices, and scenario-based training platforms.
 - 2.5.2. a mobile lab deployment schedule ensuring access across rural counties, with documented hours of operation, training cohorts served, and regions covered.
 - 2.5.3. Alignment of all mobile labs activities with accrediting body requirements, licensing standards and clinical simulation best practices.
 - 2.5.4. a needs assessments to determine equipment, space, and technology requirements for each program and campus.
 - 2.5.5. Ongoing professional development for each Common Campus of New Hampshire - RHT "hub" staff on topics including but not limited to:
 - 2.5.5.1. Career advising and pathway mapping;
 - 2.5.5.2. Education and training strategies;

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



2.5.5.3. Data reporting and system use.

- 2.6. The Contractor will procure, equip, and deploy simulation labs, including mobile simulation labs, in rural areas. Contractor will not be responsible for the daily operation of simulation labs except for those located on USNH campuses or mobile units under its control, but shall ensure that all of the simulation labs are equipped with the technology, equipment, and functionality required to provide the clinical training. Specifically, Contractor shall ensure the:
 - 2.6.1. High-fidelity human simulators are fully operational.
 - 2.6.2. AV systems support livestreaming, subject to broadband availability, and remote instruction based on needs assessment.
 - 2.6.3. Mobile units are piloted in at least three (3) rural or underserved rural regions during the pilot phase in collaboration with a local healthcare facility and then expanded throughout rural New Hampshire.
 - 2.6.4. Simulation labs are equipped with all necessary equipment and supplies to provide clinical education, training, and upskilling.
- 2.7. The Contractor shall procure, equip, and provide at least two (2) mobile simulation labs to CCSNH.
- 2.8. The Contractor shall provide staff to ensure the simulation labs are fully functional to provide clinical simulation services; provided that the staff for ongoing clinical training provided at a simulation lab that is not located on Contractor's campus will be provided by the healthcare employer or other third party site operator where the simulation lab is located. Contractor shall facilitate such training by a third party through the simulation lab and shall collaborate with rural healthcare stakeholders to identify clinical simulation training instructors to provide simulated clinical education.
- 2.9. The Contractor will develop and refine CMS-aligned and Society for Simulation in Healthcare (SSH) simulation curricula by:
 - 2.9.1. Conducting initial simulation sessions in areas including maternal health, behavioral health, emergency response, chronic disease, substance use disorder, and prevention and primary care.
 - 2.9.2. Testing faculty training modules for instructors and SIM technicians.
 - 2.9.3. Finalizing statewide standardized simulation lesson plans.
- 2.10. The Contractor will collaborate with participating institutions and rural healthcare employers to align simulation standards, and stackable credentials across programs including but not limited to medical assisting, EMS, CHW, dental assisting, behavioral health, and maternal health.
- 2.11. The Contractor will ensure simulation learning is integrated with New

^{DS}
LG

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



Hampshire rural healthcare employer-identified clinical workforce needs and pathways, including recruitment pipelines, clinical placement agreements, and alignment with safety-net provider needs. The Contractor will ensure simulation modules reinforce competencies required for rural health practice, interdisciplinary team-based care, and expand access to training and upskilling for rural communities and rural healthcare provider workforce.

- 2.12. The Contractor will utilize funding provided under this Agreement to support simulation equipment procurement, mobile unit outfitting, AI/VR/AR platforms, workforce training, technical assistance, faculty development, regional hub operations, Cooperative Extension staff deployment, and other activities consistent with the Common Campus of NH- RHT Work Plan and purposes described herein. Funds may also be used to support curriculum development, data dashboard development, statewide outreach, and county-level needs assessments. To the extent practicable, Contractor shall utilize existing rural healthcare needs assessments to guide implementation of the Common Campus of NH – RHT. Contractor will prioritize, in collaboration with the Workforce Stakeholder Advisory Committee, clinical simulation education, training, and upskilling for high-need rural healthcare workforce.
- 2.13. The Contractor will provide simulation equipment on site at each agreed hub location. Mobile van(s) will be equipped with an audio-visual system that will allow for live online streaming, where applicable, for online students to observe a live simulation and debriefing with an instructor who may be located anywhere across the state.
- 2.14. The Contractor will ensure each SIM hub and mobile van is equipped with appropriate platforms that simulate virtual patients, such as artificial intelligence-powered and virtual reality supported clinical simulation and as further set forth in Contractor's Work Plan.
- 2.15. The Contractor will ensure guided instructors and students will engage with the virtual humans in various simulations that align with the current curriculum.
- 2.16. The Contractor will ensure the learning platform can be used as a computer-based version- to be accessed at home or via hubs or mobile sites - to allow for flexibility within an online learning environment.
- 2.17. The Contractor will ensure that appropriate technology will be utilized by faculty and learners when carrying out the simulations and for debriefings.
- 2.18. The Contractor will work with rural healthcare employers to identify appropriate ways to embed simulation learning within employers existing system and within the scope of services.
- 2.19. The Contractor will ensure the Common Campus of NH - RHT operates as a collaborative system supported by shared guidance and a coordinated outreach infrastructure and shared data and web portal to track learner

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



outcomes, workforce placement and best practices while enabling real-time data sharing and performance reporting

2.19.1. In collaboration with GO-NORTH, Contractor (primarily through UNH Cooperative Extension) will provide staff coverage for all counties to conduct needs assessment and program implementation. Additional staff may be engaged as needed, as agreed by Contractor and GO-NORTH. To the extent practicable, Contractor shall utilize existing rural healthcare needs assessments to guide implementation of the Common Campus of NH – RHT.

2.20. Sustainability

2.20.1. The Contractor and GO-NORTH agree sustainability is a core goal of CMS RHTP. In developing and implementing the Common Campus NH - RHT, Contractor will lead and develop, in collaboration with GO-NORTH, a multi-year sustainability plan that provides for continued operation of the Common Campus of NH- RHT network beyond federal RHTP funding. As part of the Work Plan, Contractor shall maintain and update the sustainability plan and shall collaborate with GO-NORTH on such plan. The plan will include:

- 2.20.1.1. A permanent consortium governance structure under USNH.
- 2.20.1.2. Fee-for-service simulation training models.
- 2.20.1.3. Employer funded/supported strategies.
- 2.20.1.4. Long-term operational and financial plans for hubs, mobile units, and shared technology systems.
- 2.20.1.5. Annual sustainability benchmarks and evaluation.

2.21. Staffing

2.21.1. The Contractor will provide the following key personnel to implement and maintain the Common Campus NH- RHT, at minimum, on the FTE basis set forth. Any changes to key personnel will be reported to GO-NORTH as soon as practicable or fifteen (15) days prior to such change:

** - Denotes a key personnel that is responsible for oversight across The Common Campus of NH – RHT and GHAP as described in Section 1.

UNH Principal Investigator **

Executive Director **

2.22. Within thirty (30) days after the Effective Date, the Contractor will submit to GO-

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



NORTH for review and approval a preliminary Work Plan that will describe, in reasonable detail, the tasks, deliverables, spending targets, the implementation plan of the activities the Contractor will perform under this Contract, and the sustainability plan of the activities the Contractor will perform under this Contract (the "Work Plan"). The Contractor agrees continued funding under this Contract is conditioned upon GO-NORTH's approval of the Work Plan, which approval shall not be unreasonably withheld and will be provided within 15 days after submission (subject to extension by mutual agreement of the parties as needed). If GO-NORTH does not approve the Work Plan, it shall provide the Contractor with a written Notice of Deficiency, that will: (a) describe in reasonable detail the nature of the deficiency; (b) reference the specific provision(s) of the Contract that GO-NORTH believes have not been met; and (c) state the recommended actions required to cure the deficiency. The Contractor shall have thirty (30) calendar days from receipt of the Notice of Deficiency to cure the identified deficiency to the satisfaction of GO-NORTH. GO-NORTH, in its discretion, may extend the cure period. In the event GO-NORTH does not approve the Work Plan and funding is consequently not granted, Contractor will be relieved of all obligations under this Contract and will be reimbursed for all otherwise allowable expenses actually incurred. Within sixty (60) days, or such other time determined by GO-NORTH and Contractor, of submission of Contractor's preliminary Work Plan, the Contractor shall submit an updated Work Plan with an updated staffing and implementation timeline based on Contractor's hiring and onboarding of staff to implement the activities set forth in this Contract. Any material changes requested by GO-NORTH that are beyond the scope of this Contract and result in increased costs shall be subject to a mutually agreed-upon amendment to the budget. The Work Plan will describe, in reasonable detail, the tasks, deliverables, spending targets, and activities the Contractor will perform under this Contract during each of the CMS RHTP periods in which an annual award may be spent (each, a "Budget Period"). The Contractor will maintain and update the Work Plan from time to time and at a minimum will submit to GO-NORTH an updated Work Plan sixty (60) days prior to the end of each Budget Period. For each Budget Period, the Work Plan will, at a minimum: (a) identify the planned activities and deliverables; (b) specify the milestones to be achieved, including milestone due dates and measurable completion criteria; and (c) set forth the planned expenditures and use of funds by initiative. The Contractor will update the Work Plan as reasonably requested by GO-NORTH and in connection with any approved changes to scope, schedule, budget, or award amount issued to the State and the Contractor will not materially deviate from the approved Work Plan without the GO-NORTH's prior written approval. For purposes of this section, "material change" means a change that materially alters this Contract's scope of services, key deliverables, approved milestones, or total Contract budget, and does not include minor, administrative, or

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



operational adjustments. A change shall not be deemed "material" if it is administrative in nature, does not affect substantive performance obligations, and would not require a bilateral modification under 2 CFR 200.308 standards.

2.23. As part of GO-NORTH's review and approval of Contractor's Work Plan, GO-NORTH will, within each Budget Period and in collaboration with Contractor, determine expenditure targets and deadlines for such expenditure targets. For purposes of this provision, only, expenditure means monies spent on carrying out CMS RHTP permissible uses of funds and expenditures shall not include funds obligated, encumbered, or otherwise subject to a liability but not disposed of or expended by Contractor. If Contractor does not meet an established expenditure target by the applicable deadline, GO-NORTH shall provide Contractor with written notice and a reasonable opportunity to explain the circumstances (such as the expenditure timing of encumbered funds not yet expended) and, if appropriate, propose a corrective action plan. Subject to applicable federal and CMS requirements, GO-NORTH may thereafter, upon thirty (30) days prior notice to Contractor, reallocate unexpended funds for the applicable Budget Period to other RHTP initiatives, or direct Contractor to expend the funds not expended. Contractor and GO-NORTH may mutually agree on revised expenditure timelines or activities, provided that any such action does not adversely affect compliance with CMS RHTP grant requirements, budget periods, or spending deadlines. The Parties acknowledge and agree that this Agreement is subject to compliance with the terms and conditions of the CMS RHTP, and understand and agree that failure to meet expenditure targets and milestones may impact CMS RHTP funding.

2.24. Performance Metrics

2.24.1. The Contractor will monitor the scope of services outlined in this Agreement by reporting CMS required metrics, and such other reasonable performance metrics requested by GO-NORTH, to GO-NORTH. All performance metrics, and the reporting cadence, will be in accordance with CMS requirements and such other cadence as established by GO-NORTH in consultation with Contractor and documented in a written guidance. Such performance reporting metrics will include any CMS required reporting metrics and such other performance reporting metrics determined by GO-NORTH or GNEC (defined below) to ensure the performance of the activities set forth in this Contract are aligned with the State's RHTP initiatives, outcomes, and goals. Such performance metrics shall be documented through written guidance and are incorporated into this Contract by reference and shall be aligned with the activities set forth in this Exhibit A-1 and with the State's RHTP initiatives.

DS
LG

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



2.24.2. The Contractor, GO-NORTH, and GO-NORTH's Evaluation Contractor (GNEC) will participate in evaluation, performance management, and implementation science activities to support evaluation, learning, performance monitoring, and CMS reporting requirements. To the extent reasonably requested by GNEC or GO-NORTH, Contractor agrees to collaborate and cooperated with GNEC. The Parties assume a shared commitment to ensure CMS compliance while also streamlining and minimizing administrative burden for which such funds are not allocated. The Contractor will comply with all CMS required reporting and shall comply with other reasonable reporting, and due dates, as mutually agreed to by Contractor, GO-NORTH and GNEC for GNEC evaluation activities and to ensure timely analysis, review, and submission of CMS required requirements

2.24.2.1. Contractor shall maintain financial management systems capable of tracking and reporting expenditures including, but not limited to, CMS RHTP permissible use of funds.

Quarterly and annual progress reporting

2.25. Contractor will submit quarterly progress reports to GO-NORTH detailing the progress made during the applicable reporting period and including, but not limited to, spending data broken down by CMS RHTP permissible use of fund and initiative, milestone progress, technical assistance requests, and any additional information reasonably requested by GO-NORTH or required by CMS under the terms and conditions of the RHTP program. See the table below for quarterly progress report time periods and due dates.

Report	Reporting period start date	Reporting period end date	Due date
Quarterly Report #1	August 1	October 30	November 7
Quarterly Report #2	October 31	January 30	February 7
Quarterly Report #3	January 31	April 30	May 7

*Note: To reduce reporting burden on Contractor, and the timing of the annual report, there is no quarterly report due for the time period of May 1 to July 31.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



*If the reporting due date falls on a weekend or State recognized holiday the report shall be due the next business day following the reporting date

2.26. The Contractor must submit annual progress reports to GO-NORTH detailing the progress made during the applicable reporting period and including, but not limited to, qualitative progress updates on milestones and implementation, quantitative updates on metrics that Contractor is tracking as part of the Contractor's approved GO-NORTH workplan, quantitative description of funds expended by CMS RHTP permissible use of fund and initiative, milestone progress, technical assistance requests, and any additional information reasonably requested by GO-NORTH or required by CMS under the terms and conditions of the CMS RHTP program. Annual progress report time periods and due dates are as follows:

- 2.26.1. Annual progress report #1: December 29, 2025 through July 30, 2026 and due August 7, 2026.
- 2.26.2. Annual progress report #2: August 1, 2026 through July 30, 2027, and due August 7, 2027.
- 2.26.3. Annual progress report #3: August 1, 2027 through July 30, 2028, and due August 7, 2028.
- 2.26.4. Annual progress report #4: August 1, 2028 through July 30, 2029, and due August 7, 2029.
- 2.26.5. Annual progress report #5: August 1, 2029 through July 30, 2030, and due August 7, 2030.
- 2.26.6. Final report: December 29, 2025 through October 30, 2030 and due December 15, 2030.

*If the reporting due date falls on a weekend or State recognized holiday the report shall be due the next business day following the reporting date

- 2.27. The Contractor will submit annual and quarterly reports, on a format as determined by GO-NORTH in collaboration with the Contractor.
- 2.28. Contractor shall participate in GO-NORTH hosted forums, such as an annual summit, related to RHTP.
- 2.29. The Contractor must participate in on-site reviews conducted by GO-NORTH on a semi-annual basis, or as otherwise requested by GO-NORTH.
 - 2.29.1. The Contractor will collaborate with GO-NORTH to support alignment of all NH RHTP initiatives.

2.30. Confidential Data

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



- 2.30.1. All parties to this agreement who have access to State Confidential Information (as defined herein) shall ensure that it is held in strict confidence and is only disclosed, when allowed by applicable law and for the purpose of carrying out the activities and services under this Contract. State Confidential Information means any and all non-public information, data, records, documents, materials, and communications (in any form or media) that are disclosed or made available by, on behalf of, or at the direction of the State of New Hampshire, the office of the Governor, GO-NORTH, and/or its agencies, departments, commissions, boards, instrumentalities, officers, employees, or contractors to Contractor, or that Contractor accesses, receives, creates, generates, compiles, derives, or learns in connection with this Contract that should be reasonably understood as confidential or marked or specifically identified in writing as confidential ("State Confidential Information"). State Confidential Information includes, without limitation: Confidential information (a) relating to the State's operations, programs, policies, contracts, budgets, finances, pricing, procurement, investigations, audits, security measures, systems, technology, or plans; (b) concerning individuals or entities interacting with the State, including residents, applicants, beneficiaries, enrollees, providers, vendors, or employees, including personally identifiable information, protected health information, tax information, education records, criminal justice information, or any other information protected or regulated under applicable federal or state law; and (c) any data sets, extracts, reports, analyses, compilations, models, notes, summaries, or work product that contain, reflect, or are based on any of the foregoing. State Confidential Information does not include information that Contractor can demonstrate, by contemporaneous written records and without breach of this Agreement, (i) was publicly available at the time of disclosure or becomes publicly available through no act or omission of Contractor, (ii) was lawfully in Contractor's possession without restriction prior to receipt from the State, or (iii) was independently developed by Contractor without use of or reference to State Confidential Information; provided, however, that information shall not be deemed excluded merely because it is included within more general public information or because individual elements are publicly known.
- 2.30.2. The Parties each acknowledge and agree that it, and its subcontractors, awardees, affiliates and other persons engaged to carry out the activities of this Contract, may be required to share data and exchange information with third parties to accomplish the services set forth in this Contract. The Contractor must ensure that

Handwritten initials in a box.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



any subcontracts, awards, affiliates or other persons engaged to carryout the activities of this contract comply with these same confidentiality provisions and comply with all state and federal laws or regulations applicable to data sharing, privacy, security and confidentiality.

- 2.30.3. The Parties each acknowledge it, or its subcontractors, affiliates or related parties may need to access information of a third party to carry out the activities of this Contract. If requested by a third-party, each Party and or its subcontractors, affiliates or related parties shall enter into any reasonable and necessary Data Sharing Agreement(s) with third parties as required to provide services under this Contract.
- 2.30.4. The Parties acknowledge and agree that activities under this Agreement are not contemplated to implicate responsibilities under the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended ("HIPAA"). Nonetheless, to the extent any activities do render any of the Parties or their Controlled Entities (as defined below) a Covered Entity subject to HIPAA, such Party shall comply, and/or shall cause its affiliates, subcontractors, agents, and any other persons or entities under their direction or control who create, receive, maintain, or transmit Protected Health Information ("PHI") in connection with the services or activities herein (collectively, "Controlled Parties") to comply, with, all applicable requirements of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations, as amended ("HIPAA"), including without limitation the HIPAA Privacy Rule, Security Rule, and Breach Notification Rule (45 C.F.R. Parts 160 and 164). To the extent that HIPAA is applicable, the Parties shall ensure that each of their Controlled Parties is bound by written terms, including a business associate agreement if applicable, that are no less protective than HIPAA and this Contract with respect to PHI and that require such Controlled Party to implement appropriate safeguards and use and disclose PHI only as permitted by HIPAA and as necessary to perform the services set forth in this Contract. Each Party remains responsible for the acts and omissions of its Controlled Parties to the same extent as for their own acts and omissions with respect to HIPAA compliance and the protection of PHI.
- 2.30.5. The Parties and their subcontractors will submit annual attestation of compliance with Sections 2.30.1. – 2.30.4.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



2.30.6. The Contractor shall regularly collaborate and communicate with GO-NORTH on the implementation of the RHTP workforce initiative and the scope of services described in this Contract. To facilitate such communication and collaboration, Contractor and GO-NORTH shall designate a single point of contact who is responsible for communicating with the other, facilitating Contractor's collaboration with GO-NORTH, and managing the implementation of the RHTP workforce initiative activities under this Contract. Contractor and GO-NORTH shall identify these individuals in writing to each other and shall provide timely prior notice of any anticipated changes to this single point of contact. In addition, and as reasonably requested by the other party, both GO-NORTH and the Contractor shall participate in meetings with each other. Such meetings may include, but are not limited to:

2.30.6.1. Monthly check-in meetings focused on implementation and milestone progress.

2.30.6.2. Quarterly and annual program performance reviews.

2.30.6.3. Ad hoc technical assistance sessions as mutually agreed upon by the parties.

2.30.7. Contract End-of-Life Transition Services

2.30.8. General Requirements

2.30.8.1. If applicable, upon early termination or expiration of the Contract the parties agree to cooperate in good faith to effectuate the transition of the services ("Transition Services") from the Contractor to GO-NORTH and, if applicable, the new Contractor ("Recipient") engaged by GO-NORTH to assume the services. Ninety (90) days prior to the end-of this Contract or unless otherwise reasonably requested by GO-NORTH, the Contractor will begin working with GO-NORTH and if applicable, the Recipient to develop a Data Transition Plan (DTP). GO-NORTH shall provide the DTP template to the Contractor. Any transition services or data transition activities beyond Contractor's existing obligations under this Contract shall be subject to mutual agreement and, if applicable, an amendment to the Contract budget.

2.30.8.2. The Contractor will cooperate and collaborate with GO-NORTH in connection with the Transition Services during the applicable transition period. Such cooperation may include, to the extent applicable and within Contractor's

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



possession or control, reasonable assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), and the orderly transition of activities performed under this Contract, or the transition of any State Confidential Information, hardware, software, network and telecommunications equipment and internet-necessary to carryout the activities under this Contract. _Contractor shall not be required to transfer Contractor's proprietary systems, internal information technology infrastructure, or Internal IT Systems, except as expressly agreed in writing by the Parties. Any assistance provided to GO-NORTH or to third-party consultants engaged by GO-NORTH in connection with the Transition Services shall be limited in scope and duration needed to accomplish the Transition Services.

- 2.30.8.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created exclusively for the purpose to manage, track, and/or store GO-NORTH data in relationship to this contract said Tools will be inventoried and returned to GO-NORTH, along with the inventory document, once transition of GO-NORTH data is complete.
- 2.30.8.4. The internal planning of the Transition Services by the Contractor shall be provided to GO-NORTH and if applicable GO-NORTH's designee in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 2.30.8.5. If the Contractor will maintain any State 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 Confidential Information 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 Confidential Information 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

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



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.

- 2.30.8.6. Unless otherwise specified, within one-hundred and twenty (120) days of the termination of this Contract, the Parties agree to destroy all hard copies of State Confidential Data using a secure method such as shredding.
- 2.30.8.7. Unless otherwise specified, within one-hundred and twenty (120) days of the termination of this Contract, the Parties agree to completely destroy all electronic State Confidential Data by means of data erasure, also known as secure data wiping.
- 2.30.8.8. In the event Contractor has comingled any State Confidential Information with its own, and the destruction or transition of said data is not feasible, the Parties will jointly evaluate regulatory and professional standards for retention requirements prior to destruction and in accordance with 2 CFR 200.334, Records retention requirements.

2.30.9. Completion of Transitional Services

- 2.30.9.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of forty-five (45) business days after the product, resulting from the service, is delivered to the GO-NORTH and/or the Recipient in accordance with the mutually agreed upon Transition Plan, unless within said forty-five (45) business day term GO-NORTH notifies the Contractor of an issue requiring additional time to complete said product.
- 2.30.9.2. Once all parties agree the data has been migrated the Contractor will have one-hundred and twenty (120) days

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



to destroy the data.

2.30.10. Disagreement over Transition Services Results

2.30.10.1. In the event GO-NORTH is not satisfied with the results of the transition service, GO-NORTH shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (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 GO-NORTH shall be entitled to initiate actions in accordance with the Contract.

3. Exhibit Incorporated

- 3.1. The Contractor will comply with all Exhibit A-2 Federal Requirements, which are attached hereto and incorporated by reference herein.
- 3.2. To the extent there are conflicting terms between the Master Agreement and the Exhibit A-1 Scope of Services the Master Agreement applies, provided, that, the terms do not conflict with CMS RHT requirements

4. Additional Terms

4.1. Impacts Resulting from Court Orders or Legislative Changes

4.1.1. 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, provided that the Contractor and other Parties will agree to the terms of such modifications.

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

4.2.1. The Contractor will submit:

4.2.1.1. 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.

4.2.1.2. A written attestation, within forty-five (45) days of the Effective Date of the Agreement and annually

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



thereafter, that all managers or contract overseers involved in the provision of services under this Agreement have completed, within the last twelve (12) months, the Contractor Required Training Video on Civil Rights-related Provisions in DHHS Procurement Processes, which is accessible on the DHHS's website (<https://www.dhhs.nh.gov/doing-business-dhhs/civil-right-compliance-dhhs-vendors>); and

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

4.3. Credits and Copyright Ownership

4.3.1. When issuing public statements resulting from activities supported by this Agreement the Contractor will include the following statement, "This [project/publication/program/website, etc.] [is/was] supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by CMS/HHS [or as part of a financial assistance award totaling \$XX with XX percentage funded by CMS/HHS and \$XX amount and XX percentage funded by non-government source(s)]. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government."

4.3.2. The Contractor will submit the following to GO-NORTH for review and comment at least forty-five (45) days prior to release.

4.3.2.1. Publications that report results from or describe information obtained through the Contractor's use of funds under this Agreement.

4.3.2.2. Any external formal presentation of any report or statistical or analytical material based on information obtained through the Contractor's use of funds under this Agreement. Formal presentation includes papers, articles, professional publication, speeches, and testimony.

4.3.2.3. Any external presentation-related material, such as

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



- abstracts, power point presentations or other slide decks, posters, and videos.
- 4.3.2.4. All public materials specific to the program including but not limited to, brochures, recruitment materials, informational materials, advertisements, website copy, website pages, videos, and op-ed articles.
 - 4.3.2.5. Notwithstanding the above, the Contractor may, in accordance with CMS RHTP requirements, publish, distribute, or otherwise use materials without obtaining the prior written consent of GO-NORTH to the extent such materials are comprised of content that is substantially the same as materials that have previously been approved in writing by GO-NORTH. Any modifications to such previously approved materials that are not substantially the same shall remain subject to the applicable approval requirements under this Agreement.
- 4.3.3. At least fourteen (14) days prior to release, the Contractor will submit to GO-NORTH for GO-NORTH's review and comment:
- 4.3.3.1. Any press release or media advisory concerning the outcome of activities supported through the Contractor's use of funds under this Agreement
 - 4.3.3.2. All media interviews, media requests, releases of information, filming, and broadcasts.
- 4.3.4. For 1 year after completion of the project, the recipient shall continue to submit for review and comment all publications, presentations, and communications resulting from this award or based on information obtained through the Contractor's use of funds under this Agreement, including papers, articles, professional publications, power point presentations, posters, speeches, announcements, and testimony in any format, including digital technology.
- 4.3.5. Specifically excluded from the review and comment process are internal presentations, information discussions, in general, class lectures, and informal meetings and conversations with community leaders. However, if such a presentation or slide deck is later re-purposed for a public event, it will need to be submitted in advance for GO-NORTH review and comment.
- 4.3.6. One copy of each publication, that requires prior review and comment under this Agreement, will accompany the final progress report.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



- 4.3.7. GO-NORTH shall collaborate with the Contractor to facilitate the requirements under this section.
- 4.3.8. The Parties anticipate that there will be time-sensitive communications and materials that will need to be "fast-tracked" in order to achieve the objectives of CMS RHTP, since lengthy approval timelines may adversely affect the ability to leverage time-sensitive opportunities. The Contractor will notify GO-NORTH of such time sensitive communications and GO-NORTH commits to assisting with expedited approvals to the extent possible. Contractor understands and agrees GO-NORTH cannot control CMS RHTP time periods to review communications.

5. Records

- 5.1. The Contractor will keep records that include, but are not limited to:
 - 5.1.1. 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 in connection with the Contract.
 - 5.1.2. Contractor shall maintain financial and programmatic records in accordance with generally accepted accounting principles ("GAAP") and applicable federal grant requirements, including 2 C.F.R. Part 200 (Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards). Programmatic records not subject to GAAP shall be maintained by Contractor in accordance with CMS RHT grant requirements. All such records shall accurately and adequately reflect all allowable costs and expenses incurred under this Agreement.
 - 5.1.3. Records shall 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, supporting documentation, and other records reasonably requested or required by GO-NORTH to fulfill CMS RHTP requirements, and to comply with 2 C.F.R. Part 200.
 - 5.1.4. Records regarding the provision of services and all invoices submitted to GO-NORTH to obtain payment for such services.
- 5.2. During the term of this Agreement and the period for retention GO-NORTH, the United States Department of Health and Human Services, and any of their designated representatives will have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts, in accordance with 2 CFR 200.334, Records retention requirements.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



- 5.3. In accordance with applicable federal grant requirements, including 2 C.F.R. Part 200, if GO-NORTH determines that certain costs claimed by Contractor are unallowable under applicable federal, CMS, or CMS RHTP requirements that are published or communicated to Contractor, GO-NORTH may disallow such costs. GO-NORTH shall provide Contractor written notice of the basis for any such determination and an opportunity to respond or provide additional documentation, as permitted under applicable federal requirements. To the extent finally determined to be unallowable, GO-NORTH may recover the amount of such disallowed costs solely in the manner permitted under applicable federal grant requirements, including by offset against future payments or reimbursement by Contractor.

6. Procurements

- 6.1. The Contractor is a public institution of higher education subject to comprehensive state and University of New Hampshire System procurement policies ("Contractor's Procurement Policies") and procedures designed to ensure open competition, transparency, fiscal accountability, and compliance with applicable federal and state requirements. Contractor represents and warrants that Contractor's Procurement Policies are in compliance with Federal Acquisition Regulations (FAR) and applicable Code of Federal Regulations.
- 6.2. All procurements undertaken in connection with this Contract shall be conducted in accordance with Contractor's Procurement Policies, as amended from time to time, and in compliance with FAR and other applicable regulatory requirements including competitive bidding and sole-source justification requirements where applicable.
- 6.3. The Contractor represents and warrants that these policies meet or exceed generally accepted public sector procurement standards and shall maintain documentation sufficient to demonstrate compliance upon reasonable request.
- 6.4. In collaboration with GO-NORTH, Contractor shall include, as applicable, those CMS RHTP procurement requirements that NH RHTP is obligated to include in its subawards.
- 6.5. Prior to entering into an agreement with a contractor, subcontractor, consulting, or subrecipient, the Contractor must submit a prior approval request to GO-NORTH. Such request must be made in writing and include a description of how the selected contractor, subcontractor or subrecipient meets the requirements of this Contract and the CMS RHTP requirements. This additional prior approval requirement will not apply to Contractor's procurements of equipment or supplies, such as clinical simulation mannequins or supplies, ("Equipment and Supplies Procurements") to carry out activities under this Contract, provided, that Contractor complies with Contractor's Procurement Policies.

**Governor's Office of New Opportunities & Rural Transformational Health
(GO-NORTH)
Statewide Rural Health Workforce Efforts
EXHIBIT A-1**



-
- 6.6. All competitive procurements, including, but not limited to requests for proposal, bids, quotes, or applications issued by the Contractor related to this Contract must be posted on the GO-NORTH website. The Contractor shall provide written notice to GO-NORTH of the competitive procurement and the time period in which bids or applications will be accepted. For Equipment and Supplies Procurements, after providing written notice to GO-NORTH, the Contractor will then immediately post the procurement on the public USNH bid portal. For all other procurements, Contractor will provide GO-NORTH with fifteen (15) calendar days notice, prior to posting the procurement on the public USNH bid portal. The USNH bid portal will also detail how to apply, and the time period in which bids or applications will be accepted. GO-NORTH will promptly link Contractor's procurement posting to the GO-NORTH website.
- 6.7. Contractor's procurement process will require all vendors contracting directly with Contractor, who would be subject to the requirements of RSA 5:18-a if such vendor was contracting directly with the State of New Hampshire, to certify to Contractor that they are in good standing with the New Hampshire Secretary of State. For procurements other than Equipment and Supplies Procurements, Contractor will provide a list of the vendor's board of directors, if applicable. If reasonably requested by GO-NORTH, Contractor will provide a list of the board of directors, if applicable, of any vendor procured to provide Equipment or Supplies to carry out the activities of this Contract.
- 6.8. The Contractor shall conduct procurements under this Contract using full and open competition to the maximum extent practicable, consistent with the principles of competition set forth in 2 CFR 200.320. The Contractor may award a contract on a sole source (noncompetitive) basis without prior written approval where the procurement circumstances are consistent with the exceptions described in 2 CFR 200.320(c). Any noncompetitive procurement that does not meet 2 CFR 200.320(c) exceptions shall require GO-NORTH's prior written approval.

**Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH)
Statewide Rural Health Workforce Efforts**

Exhibit A Item F-2

Payment Terms

1. This Agreement is funded by:
 - 1.1. 100% Federal funds, Rural Health Transformation Program, as awarded on December 29, 2025, by the Centers for Medicare & Medicaid Services, Department of Health and Human Services, ALN # 93.798, FAIN # RHTCMS332050.
2. For the purposes of this Agreement GO-NORTH has identified:
 - 2.1. The Contractor as a Subrecipient, in accordance with 2 CFR 200.331.
 - 2.2. The Agreement as NON-R&D, in accordance with 2 CFR §200.332.
 - 2.3. Unless waived by GO-NORTH in writing, the Contractor's, inclusive of any subcontractors, subrecipients or subawardees of Contractor, indirect costs and administrative costs must not exceed 10% of the Contractor's total funding under this Contract. The Contractor acknowledges and agrees that all administrative costs and indirect costs, inclusive of the recipients, subcontractors, subrecipients, and subawardee's, under the State's RHT award are capped at 10% of the State's total RHT award. The Contractor must track all administrative costs and indirect costs under this Agreement and report such costs to GO-NORTH. Administrative costs and indirect costs are defined as set forth in 2 CFR Part 200 Uniform Administrative Requirements, Costs Principles, and Audit Requirements for Federal Awards.
3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line item, as specified in Exhibit A, Item F-1.
4. The Contractor shall submit an invoice to GO-NORTH monthly following the month in which the allowable expenses were incurred and in accordance with the Contractor's usual and customary business practices and 2 CFR 200. 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 form that is provided by or otherwise acceptable to GO-NORTH.
 - 4.3. Identifies and requests payment for allowable expenses for the previous month, in accordance with 2 CFR 200.403 or other applicable Federal or State laws or regulations.
 - 4.4. Includes supporting documentation, as requested by GO-NORTH, of allowable costs, which may include, but is not limited to, payroll records to support salaries and wages charged to the award, and proof of expenditures, as follows:



**Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH)
Statewide Rural Health Workforce Efforts**

Exhibit A Item F-2

- 4.4.1. With the first invoice for services provided under this Agreement.
 - 4.4.2. With subsequent invoices, upon request by GO-NORTH.
 - 4.5. Is completed, dated and returned to GO-NORTH or allowable expenses to initiate payment.
 - 4.6. Is assigned an electronic signature and is emailed to Michele.Z.Thibault-G@goferr.nh.gov
5. GO-NORTH shall make payment to the Contractor within thirty (30) days of receipt of each invoice, subsequent to approval of the submitted invoice. and if sufficient funds are available.
6. The final invoice shall be due to GO-NORTH no later than sixty (60), or sooner if available, days after the contract completion date.
7. The Contractor must provide the services in Exhibit A-1, Scope of Services, in compliance with funding requirements.
8. The Contractor must maintain financial management systems capable of tracking and reporting expenditures including, by, but not limited to, RHTP permissible use of funds.
9. If, upon further review, GO-NORTH must disallow any expenses claimed by the Contractor as costs hereunder, GO-NORTH retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor. The Contractor may appeal GO-NORTH's decision within 30 days, and GO-NORTH has 30 days to respond.
10. 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.
11. Funding for this Agreement is based upon and subject to availability of the Grant Award to support this project. If the funding for this Agreement is not available at the proposed levels, the Agreement will be amended accordingly.

Governor's Office on New Opportunities for Rural Transformational Health (GO-NORTH)					
Contractor Name:	University System of New Hampshire				
Budget Request for:	Rural Health Transformation				
Budget Period:	G&C Approval - 9/30/31				
Indirect Cost Rate (if applicable)	10.00%				
Line Item	Program Cost - Funded by GO-NORTH - Budget Period 1	Program Cost - Funded by GO-NORTH - Budget Period 2	Program Cost - Funded by GO-NORTH - Budget Period 3	Program Cost - Funded by GO-NORTH - Budget Period 4	Program Cost - Funded by GO-NORTH - Budget Period 5
1. Salary & Wages	\$3,202,223	\$4,302,550	\$4,388,601	\$4,476,373	\$4,565,900
2. Fringe Benefits	\$1,290,496	\$1,733,928	\$1,768,606	\$1,803,978	\$1,840,058
3. Consultants	\$165,000	\$118,500	\$118,500	\$118,500	\$118,500
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$6,656,674	\$2,023,644	\$2,023,644	\$2,023,644	\$2,023,644
5(a) Supplies - Educational	\$1,997,491	\$1,728,500	\$1,728,500	\$1,728,500	\$1,728,500
5(b) Supplies - Lab	\$0	\$0	\$0	\$0	\$0
5(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0	\$0
5(d) Supplies - Medical	\$0	\$0	\$0	\$0	\$0
5(e) Supplies - Office	\$79,600	\$0	\$0	\$0	\$0
6. Travel	\$292,000	\$287,000	\$287,000	\$287,000	\$287,000
7. Software	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
8. (a) Other - Marketing/Communications	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
8. (b) Other - Education and Training	\$0	\$0	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0	\$0	\$0
Convening Meetings	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
Design	\$40,000	\$0	\$0	\$0	\$0
Common Campus of NH Website Hosting & Maintenance	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Forms and Meeting Supplies	\$35,000	\$2,000	\$2,000	\$2,000	\$2,000
Scholarships & Experiential Learning Support	\$60,179	\$7,387,999	\$7,608,648	\$8,091,116	\$8,573,324
GHAP Award Administration	\$225,000	\$250,000	\$250,000	\$250,000	\$250,000
GHAP Marketing	\$75,000	\$67,273	\$100,000	\$100,000	\$100,000
Outside Legal Council	\$50,000	\$10,000	\$10,000	\$10,000	\$10,000
9. Subrecipient Contracts	\$329,289	\$395,951	\$329,289	\$395,951	\$395,951
Total Direct Costs	\$14,887,951	\$18,697,345	\$19,027,789	\$19,644,336	\$20,252,151
Total Indirect Costs	\$796,281	\$889,775	\$899,269	\$910,184	\$924,645
Subtotals	\$15,684,232	\$19,587,120	\$19,927,058	\$20,554,520	\$21,176,796
		TOTAL			\$96,929,726

DS
LG

Contractor Initials:

Date: 2/25/2026

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

SECTION A: CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The Contractor identified in the Cooperative Project Agreement 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 the Cooperative Project Agreement 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 Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH") 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:

Executive Director
GO NORTH
129 Pleasant Street
Concord, NH 03301-6505

1. The Contractor certifies that it will or will continue to provide a drug-free workplace by:
 - 1.1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - 1.2. Establishing an ongoing drug-free awareness program to inform employees about:
 - 1.2.1. The dangers of drug abuse in the workplace;
 - 1.2.2. The Contractor's policy of maintaining a drug-free workplace;
 - 1.2.3. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - 1.2.4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1.3. Making it a requirement that each employee to be engaged in the performance of the Agreement be given a copy of the statement required by paragraph (a);
 - 1.4. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the Agreement, the employee will:
 - 1.4.1. Abide by the terms of the statement; and
 - 1.4.2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

V1.1 RHT

Exhibit A-2,
Federal Requirements

Contractor's Initials



Date 2/25/2026

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

- 1.5. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph 1.4.2 from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected Agreement;
 - 1.6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 1.4.2, with respect to any employee who is so convicted
 - 1.6.1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - 1.6.2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - 1.7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1.1, 1.2, 1.3, 1.4, 1.5, and 1.6.
2. The Contractor may insert in the space provided below the site(s) for the performance of work done in connection with the specific Agreement.

Place of Performance (street address, city, county, state, zip code) (list each location)

Check if there are workplaces on file that are not identified here.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

SECTION B: CERTIFICATION REGARDING LOBBYING

The Contractor identified in the Cooperative Project Agreement 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 the Cooperative Project Agreement 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.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

**SECTION C: CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The Contractor identified in the Cooperative Project Agreement 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 the Cooperative Project Agreement 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 Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH") 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-513.4>

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, 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.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

SECTION D: CERTIFICATION OF COMPLIANCE WITH FEDERAL REQUIREMENTS

The Contractor identified in in the Cooperative Project Agreement agrees by signature of the Contractor's representative as identified in in the Cooperative Project Agreement, 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.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

12. The Clean Water Act (33 U.S.C. 1251-1387) which establishes the basic structure for regulating discharges of pollutants into the waters of the United States and regulating quality standards for surface waters.
13. Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) (41 U.S.C. 1908) which establishes administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
14. Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708) which establishes that all contracts awarded by the non-Federal entity in excess of \$100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5).
15. Rights to Inventions Made Under a Contract or Agreement 37 CFR § 401.2 (a) which establishes the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.
16. Royalty-Free Rights to Use Software or Documentation Developed 2 CFR 200.315 Intangible property.
17. 2 CFR 200.313 Equipment and 2 CFR 200.314 Supplies, including but not limited to disposition actions.
18. Requirements, as provided in 2 CFR Part 180 and implemented in 2 CFR Part 376, regarding the affirmative duty to track all subrecipients, including subrecipient key personnel and subcontractors, by checking SAM.gov to ensure that a subaward is not made to an entity that is debarred, suspended, or ineligible.

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 Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH") and to the State of New Hampshire Office of the Ombudsman.

The Contractor identified in the Cooperative Project Agreement agrees by signature of the Contractor's representative as identified in the Cooperative Project Agreement, to execute the following certification:

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

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, 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 the Cooperative Project Agreement agrees, by signature of the Contractor's representative as identified in the Cooperative Project Agreement, 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.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, 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 Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH") 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 the Cooperative Project Agreement 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 the Cooperative Project Agreement execute the following Certification:

The below named Contractor agrees to provide needed information as outlined above to the Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH") and to comply with all applicable provisions of the Federal Financial Accountability and Transparency Act.

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")
Exhibit A-2, Federal Requirements**

FORM A

As the Contractor identified in the Cooperative Project Agreement, I certify that the responses to the below listed questions are true and accurate.

1. The UEI (SAM.gov) number for your entity is: GBNGC495XA67
2. In your business or organization's preceding completed fiscal year, did your business or organization receive (1) 80 percent or more of your annual gross revenue in U.S. federal contracts, subcontracts, loans, grants, sub-grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

 X NO YES

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

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

 NO YES

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

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

Name: _____ Amount: _____

Contractor Name: University of New Hampshire

2/25/2026

Date:

DocuSigned by:
Louise Griffin

Name: Louise Griffin
Title: Treasurer