

March 13, 2026

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

### **REQUESTED ACTION**

The Centers for Medicare & Medicaid Services (CMS) established the Rural Health Transformation (RHT) Program, with annual awards through 2030. New Hampshire was awarded \$204,016,550 in its first annual award.

This requested action is to authorize the Governor's Office of New Opportunities & Rural Transformational Health (GO-NORTH) to enter into a **Sole Source** contract with the Community College System of New Hampshire (VC#216952), Concord, NH, to award CMS's approved funding to the Community College System of New Hampshire of \$6,730,219, for the first budget period, and authorize GO-NORTH, in coordination with the Department of Administrative Services, to adjust budget line items within the contract price limitation and transfer encumbrances between state fiscal years, as needed and justified. **100% Federal Funds**

Further authorize an advance payment, subject to GO-NORTH prior approval, and in accordance with 2 C.F.R Part 200, for services and activities provided within the scope of this Agreement and in accordance with the payment terms of the contract.

The Contract will be effective upon Governor and Council approval through 09/30/2031, with a price limitation of \$37,773,537 for the term of the contract subject to Governor and Council's approval of each renewal term as specified in the Cooperative Project Agreement.

Funds are available in, 74-500585, for State Fiscal Year 2026, and are anticipated to be available upon CMS approval of New Hampshire's annual Rural Health Transformation award, acceptance of funds by the Fiscal Committee of the General Court and the Governor and Executive Council.

### **EXPLANATION**

This work includes expanded access to the Community College System of New Hampshire's paraprofessional training academy, with the goal of doubling the number of students obtaining necessary credentials to practice, coordinated healthcare career navigation support, expanded access to clinical apprenticeships, mobile clinical education simulation in collaboration with UNH, student supports to reduce barriers to healthcare degree program participation and completion, and expanded CTE healthcare programming. The Contractor will coordinate closely with GO-NORTH, rural employers, the Department of Business and Economic Affairs and Office of Workforce Opportunity, and statewide partners to ensure consistent regional operations and successful implementation.

The Community College System of New Hampshire has agreed to changes in the contract previously proposed at the March 4, 2026, Governor and Executive Council meeting. Those changes include:

- A contract term through September 30, 2031, subject Governor and Council's approval of three renewal terms (i) October 1, 2028 through September 30, 2029; (ii) October 1, 2029 through September 30, 2030; and (iii) October 1, 2030 through September 30, 2031.
- A 10% cap on the Community College System of New Hampshire's administrative and indirect costs. The cap cannot be waived without Governor and Executive Council prior approval.
- The Community College System of New Hampshire has not requested authorization to enter into any sole source contracts to implement the initiative in the proposed contract. Prior to authorizing any sole source contracts GO-NORTH shall seek approval from the Governor and Executive Council.

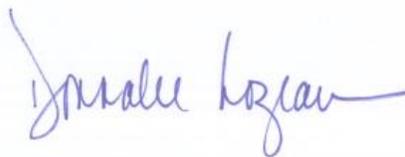
Approval of this proposed contract is essential to implement New Hampshire's Rural Health Transformation Plan workforce initiatives, address rural provider shortages, expand clinical training capacity, build durable rural career pathways and ladders, and support the ability to achieve the CMS milestones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

We appreciate your consideration.

**Area served:** Statewide

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

Respectfully submitted,



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

**COOPERATIVE PROJECT AGREEMENT**  
**Between**  
**The STATE OF NEW HAMPSHIRE,**  
**And**  
**The COMMUNITY COLLEGE 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 Community College System of New Hampshire, acting through The Community College System of New Hampshire, (hereinafter "CCSNH"), 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 Community College System of New Hampshire dated June 24, 2015, 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"), unless no such approval is required, in which case the Project Agreement shall become effective on the date the Project Agreement is signed by the State Agency and shall end on September 30, 2031. If the provision of services by CCSNH precedes the Effective date, all services performed by CCSNH shall be performed at the sole risk of CCSNH and in the event that this Project Agreement does not become effective, State shall be under no obligation to pay CCSNH 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:**

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**

**CCSNH Project Administrator**

Name: TBD

Name: McKenzie Harrington

Address: 129 Pleasant St. Concord, NH 03301

Address: 26 College Drive Concord, NH 03301

Phone: \_\_\_\_\_

Phone: 603 230-3547

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**

**CCSNH Project Director**

Name: David Chorney

Name: Mark Rubinstein/Kristine Dudley

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Address: 129 Pleasant St. Concord, NH 03301

Address: 26 College Drive Concord, NH 03301

Phone: \_\_\_\_\_

Phone: 603 230-3501

F. Total State funds in the amount of \$37,773,537 have been allotted and are available for payment of allowable costs incurred under this Project Agreement. State will not reimburse CCSNH for costs exceeding the amount specified in this paragraph.

Check if applicable

- CCSNH will cost-share \_\_\_\_\_% of total costs during the term of this Project Agreement.
- Federal funds paid to CCSNH under this Project Agreement are from Grant/Contract/Cooperative Agreement No. SS-2026-DMS-03-REGION-01 from Centers for Medicare & Medicaid Services, Department of Health and Human Services CFDA#93.798. Federal regulations required to be passed through to CCSNH as part of this Project Agreement, and in accordance with the Master Agreement for Cooperative Projects between the State of New Hampshire and the Community College System of New Hampshire dated June 24, 2015, 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 Community College System of New Hampshire dated June 24, 2015 is/are hereby amended to add in the following provision:

H. Check if applicable

- 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 CCSNH 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 CCSNH 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 parties have set their hands as of the date written below,

**Community College System of New Hampshire**

**GO-NORTH**

Name: Mark Rubinstein

Name: DonnaLee Lozeau

Title: Chancellor

Title: Director

Signature and Date:

Signature and Date:

Signed by:   
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Signed by:   
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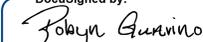
3/13/2026

**New Hampshire Office of Attorney General**

Robyn Guarino  
Name: \_\_\_\_\_

Title: Attorney

Signature and Date:

DocuSigned by:  
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## EXHIBIT A

- A. **Project Title:** Regional Healthcare Career Guidance Hubs
- B. **Completion Date and Contract Terms:** 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 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.

Notwithstanding the completion date of September 30, 2031, this Agreement shall be split into four terms, as follows:

- Initial Term: effective date of this contract through September 30, 2028
- Second Term: October 1, 2028 through September 30, 2029
- Third Term: October 1, 2029 through September 30, 2030
- Final term: October 1, 2030 through September 30, 2031

At the end of the Initial Term and again at the end of the Second Term and Third Term, the Contractor acknowledges that continued work is contingent upon the State renewing this contract via amendment, which shall only be effective upon approval by Governor and Council. Approval of such amendment shall be subject to satisfactory performance and the amount of funding available from CMS.

**Objectives:** See Exhibit A-1, Scope of Services

- C. **Scope of Work:** See Exhibit A-1, Scope of Services and Exhibit A-2, Federal Requirements.
- D. **Deliverables Schedule:** See Exhibit A-1 Scope of Services
- E. **Budget and Invoicing Instructions:** See Exhibit A, Item F-1 Budget and Exhibit A, Item F-2 Payment Terms.

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**EXHIBIT A-1**

**Scope of Services**

**1. Purpose**

- 1.1. WHEREAS, the Centers for Medicare & Medicaid Services (“CMS”) has established the Rural Health Transformation Program, 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.
- 1.2. WHEREAS, CMS approved New Hampshire’s Rural Health Transformation Plan (RHTP) and awarded the State funding to implement RHTP initiatives.
- 1.3. WHEREAS, strengthening New Hampshire’s rural healthcare workforce through coordinated collaboration among, rural NH’s career technical education (“CTEs”) programs, the Community College System of New Hampshire (“Contractor”), the University System of New Hampshire (“USNH”), and rural healthcare employers to create and expand rural healthcare career pathways from high school to masters level degrees is a main strategic goal of the State’s RHTP.
- 1.4. WHEREAS, Contractor operates the State’s community college system and plays an integral role in developing New Hampshire’s healthcare workforce through education, training, apprenticeship opportunities, and coordination with CTE and adult learning programs.
- 1.5. WHEREAS, the purpose of this contract is to implement the workforce initiative in the State of New Hampshire’s RHTP to create rural health care career pathway and career ladders, from high school to masters level degrees, to address high-need rural health care workforce areas such as emergency medical technician (EMT), advanced emergency medical technician (AEMT), paramedics, registered nurses, licensed practical nurses, medical lab technicians, respiratory therapists, surgical technicians, radiology technicians, dental hygienists, oral health clinicians, licensed nursing assistants, medical assistants and other healthcare workforce needs identified by the Contractor and rural health care employers.

**2. Statement of Work**

**2.1. Healthcare Career Guidance Hub (HCGH)**

- 2.1.1. The Contractor must establish a minimum of four (4) Healthcare Career Guidance Hubs (“HCGH”) which will serve as regional workforce coordination centers that connect healthcare employer workforce needs and individuals seeking employment or education in healthcare with health care education student preparation

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pathways at the high school and community college level that lead to healthcare jobs with rural New Hampshire healthcare employers. To strengthen New Hampshire's rural healthcare workforce system, support the workforce development of and rural healthcare employers, and individuals entering and remaining in rural healthcare careers, the Contractor must ensure the HCGHs provide the following:

- 2.1.1.1. Coordinated career navigation services and healthcare career exploration counseling and support as further set forth in this scope of services in Section 2.2.
- 2.1.1.2. Healthcare related academic advising as further set forth in this scope of services in Section 2.2.1.
- 2.1.1.3. Expanded workforce planning and pathway development as further set forth in this scope of services in Section 2.3.
- 2.1.1.4. Apprenticeship opportunities, development and training expansion as further set forth in this scope of services in Section 2.4.
- 2.1.1.5. Student support services and wraparound services as further set forth in this scope of services in Section 2.5.
- 2.1.2. To address rural healthcare shortages throughout rural New Hampshire, and to alleviate geographic barriers to training and career pathways, the Contractor must ensure the HCGH centers are strategically located across rural New Hampshire, and available remotely. At a minimum, there will be a HCGH covering the following regions:
  - 2.1.2.1. Coos County and serving the surrounding northern New Hampshire.
  - 2.1.2.2. Lakes Region covering both Belknap and Carroll counties.
  - 2.1.2.3. Southern New Hampshire Region covering both Hillsborough and Rockingham counties.
  - 2.1.2.4. Upper Valley Region covering Grafton and Sullivan counties.
- 2.1.3. HCGH activities must be provided by Contractor in coordination with rural healthcare employers, CTE centers, USNH, and other applicable education partners, and available at or by all of Contractor's campuses, CTEs, and such other locations as the Governor's Office of New Opportunities & Rural Transformation Health ("GO-NORTH") and Contractor reasonably agree.

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- 2.1.4. The Contractor must coordinate with USNH to establish a stakeholder advisory committee ("Workforce Stakeholder Advisory Committee") to make recommendations on the implementation of the RHTP workforce initiative, to plan for the long-term sustainability of these RHTP workforce initiatives, and to establish partnerships between education partners and rural health care employers. Members on the Workforce Stakeholder Advisory Committee must include a representative from Contractor, USNH, the high school CTE centers, GO-NORTH, representatives of rural health care employers, and such other representatives as identified by GO-NORTH. Contractor, in collaboration with USNH, must provide GO-NORTH with a Workforce Stakeholder Advisory Committee structure and plan within thirty (30) days of the effective date of this Contract.
- 2.1.5. The Contractor must 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, the Contractor must designate a single point of contact who is responsible for communicating with GO-NORTH, facilitating Contractor's collaboration with GO-NORTH, and managing the implementation of the RHTP workforce initiative activities under this Contract. The Contractor must identify this individual in writing to GO-NORTH and must provide GO-NORTH with timely prior notice of any anticipated changes to this single point of contact. In addition, and as requested by GO-NORTH, the Contractor must participate in meetings with GO-NORTH. Such meetings may include, but are not limited to:
- 2.1.5.1. Monthly check-in meetings focused on implementation and milestone progress.
  - 2.1.5.2. Quarterly and annual program performance reviews.
  - 2.1.5.3. Ad hoc technical assistance sessions.
- 2.1.6. The Contractor must ensure that decisions affecting HCGH operations are communicated consistently and promptly across all regions through established communication protocols.
- 2.1.7. HCGH activities will also include support for employer engagement to facilitate the placement of students in healthcare related education with rural healthcare employers.

**2.2. Career Navigation Services**

- 2.2.1. The Contractor must provide coordinated career navigation services and academic advising (the "Career Navigation Services")

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to prospective and current students and individuals interested in a career in healthcare. The Career Navigation Services include, but are not limited to:

- 2.2.1.1. Communicating clear and practical step-by-step guidance on how to enter a career in healthcare, the associated pathways, and the education, training and experience requirements needed for healthcare careers.
- 2.2.1.2. Providing guidance to individuals on how to access and progress through healthcare careers, education and training programs in New Hampshire.
- 2.2.1.3. In collaboration with rural employers and other partners, recruit students into career pathways that prioritize employment in a healthcare career with a rural healthcare employer.
- 2.2.1.4. Delivering individualized and group counseling on career options, prerequisites, licensure requirements, and advancement opportunities for careers in healthcare.
- 2.2.1.5. Strengthening connections between students and rural health care employers offering internships, clinical placements, employment, or apprenticeship opportunities, including: maintaining and expanding a network of rural healthcare employer partners; matching students to placement opportunities with rural healthcare employers; coordinating clinical placement logistics and onboarding; supporting students with required documentation and readiness activities needed for clinical placement or employment with a rural healthcare employer; and providing follow-up support through placement completion and transition to employment, when applicable.
- 2.2.1.6. Coordinating education and training opportunities, including simulation lab ("SIM Lab") access, clinical rotations (as part of the training programs offered), and apprenticeship opportunities with rural healthcare employers and providers.
- 2.2.1.7. Delivering career awareness activities in high schools, CTE centers, colleges, and community settings, including classroom presentations, career fairs, and virtual events.

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- 2.2.1.8. Provide access to appropriate career guidance tools through a healthcare career navigation platform available to students and individuals interested in healthcare careers.
- 2.2.1.9. Develop and distribute career pathway maps, job descriptions, compensation data, and credentialing requirements for healthcare roles.
- 2.2.1.10. Offering individualized advising sessions to help students select programs aligned with their interests and labor market demands.
- 2.2.1.11. Assist students in creating individualized career and education plans that outline steps toward credential attainment and employment.
- 2.2.1.12. Integrate advising services with the student supports and wraparound services set forth in this Contract in Section 2.5.
- 2.2.1.13. Collaborate the New Hampshire Department of Business and Economic Affairs and Office of Workforce Opportunities and with higher education partners to develop and disseminate career exploration materials, including pathway maps, job descriptions, compensation information, labor market trends, and required education and credentialing steps to high schools, CTE centers, and post-secondary institutions.
- 2.2.1.14. Ensure advising staff use assessment results to help students select programs, transition between pathways, and make informed decisions about training, credentialing and rural healthcare career employment opportunities.
- 2.2.1.15. Create targeted awareness strategies for rural and underserved populations, including tailored messaging, partnerships with community organizations, and engagement with local schools and stakeholders.
- 2.2.1.16. Track student participation in career exploration and advising services and measure how effectively advising supports student selection of high-demand healthcare pathways.
- 2.2.1.17. Monitor student progress, retention, graduation rates, and enrollment rates of Contractor's healthcare related

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education programs and report on barriers, trends, and improvements.

2.2.1.18. Such other services requested by GO-NORTH in collaboration with Contractor.

2.2.2. In collaboration with GO-NORTH, to streamline placements for apprenticeship, clinical education or preceptorship, and employment Contractor shall collaborate and partner with the Foundation for Healthy Communities, the New Hampshire Hospital Association, healthcare employers, and USNH to create a standard set of required onboarding and compliance steps (e.g., background checks, immunizations, health screenings, licensure prerequisites, and Department of Labor requirements) necessary to participate in an apprenticeship or clinical education rotation or employment with a partnering healthcare employer.

2.2.3. To facilitate and inform the Career Navigation Services, the Contractor must provide employment engagement and placement services, including:

2.2.3.1. Maintaining, and establishing as needed, formal partnerships with rural healthcare employers to support clinical placements, apprenticeships, and job placement.

2.2.3.2. Coordinating with rural healthcare employers to identify job openings and match qualified candidates.

2.2.3.3. Tracking apprenticeship, preceptorship and employment placement outcomes.

2.2.3.4. Providing rural healthcare employers with post-placement support to ensure successful onboarding and retention.

**2.3. Workforce Planning and Pathway Development**

2.3.1. The Contractor must develop structured career pathways for prospective healthcare workers through:

2.3.1.1. Offering stackable credentials, pre-apprenticeships, apprenticeships, accelerated models, and transition supports.

2.3.1.2. Expanding the number of healthcare education graduates, through in-person and virtual learning opportunities, for programs that address high need rural healthcare workforce needs

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- 2.3.1.3. Expanding the number of faculty, and instructional infrastructure necessary to support these expanded class sizes.
- 2.3.1.4. Increasing the number of students across the Contractor's rural-serving campuses or learning sites and through expansion of virtual learning options to maximize geographic reach.
- 2.3.1.5. Implementing recruitment strategies for prospective students in rural and underserved communities in partnership with rural healthcare employers in that area
- 2.3.1.6. Engaging rural healthcare employers to provide access to the Contractor's healthcare education pathways and upskill opportunities for staff.
- 2.3.1.7. Expanding access to healthcare careers through the Contractor's WorkReadyNH program and collaborating with New Hampshire Employment Security to refer individuals to the WorkReadyNH program for healthcare careers.
- 2.3.1.8. Collaborating with rural healthcare employers to expand clinical rotations, preceptorships, and post-graduation placement opportunities to increase the availability and quality of clinical rotations and preceptorships for students, as well as facilitate post-graduation employment opportunities. This collaboration must include:
  - 2.3.1.8.1. Coordinating with the Foundation for Healthy Communities to provide financial support and incentives to employers to offset costs associated with hosting students and apprenticeships including preceptor time and supervision.
  - 2.3.1.8.2. Developing formal agreements with healthcare employer partners to streamline placement processes and reduce administrative burden.
  - 2.3.1.8.3. Coordinating with employers to identify high-demand roles and priority placement areas to strengthen the rural healthcare workforce pipeline.

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2.3.1.8.4. The New Hampshire Department of Business and Economic Affairs and Office of Workforce Opportunities.

2.3.2. As part of Contractor's development and planning to create and expand structured career pathways for prospective healthcare workers, Contractor shall undertake, and incorporate, sustainability planning to maintain the created or expanded structured career pathways beyond the term of this Contract.

**2.4. Apprenticeship Development and Training Expansion.**

2.4.1. The Contractor shall collaborate with rural healthcare employers to create and expand (as applicable) the number of registered healthcare apprenticeships that are directly aligned with rural workforce needs identified by the Workforce Stakeholder Advisory Committee and rural healthcare employer partners, including but not limited to: licensed nursing assistant, medical assistants, phlebotomists, registered nurses, surgical technicians, , community health worker, EMT, paramedics, , , and other priority occupations identified by GO-NORTH. To expand the availability of apprenticeships the Contractor must:

2.4.1.1. Ensure each apprenticeship pathway includes structured career progression, clearly defined competencies, employer-validated learning outcomes, alignment with credentialing or licensing standards, and the ability to earn the required credential or credit towards the completion of degree programs that make it possible for individuals to enter the workforce.

2.4.1.2. Provide apprenticeship readiness support, including orientation, skills assessments, academic support, and employer engagement.

2.4.1.3. Develop solutions to address program mismatches, particularly when student interest exceeds program capacity.

2.4.1.4. Assess demand, and address identified capacity barriers by adjusting apprenticeship programing, for high-interest and high need healthcare programs in collaboration with GO-NORTH and the Workforce Stakeholder Advisory Committee.

2.4.1.5. Collaborate with The New Hampshire Department of Business and Economic Affairs and Office of Workforce Opportunities to identify rural healthcare workforce needs.

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- 2.4.2. USNH will deliver to the Contractor two (2) mobile SIM Labs and the Contractor must collaborate with USNH on the implementation and coordination of the RHTP workforce initiative mobile simulation fleet to optimize training delivery, staffing, and alignment of SIMS Lab activities across rural communities in the State. The Contractor and USNH shall collaborate with GO-NORTH on the sustainability of the Contractor mobile SIM Labs including maintaining and updating as needed to carryout the purpose of the mobile SIM Labs, once delivered to the Contractor by USNH.
- 2.4.3. The Contractor must support SIM Lab training expansion for students, rural healthcare workforce by implementing two (2) mobile SIM Labs, and will dedicate the needed staff time, to deliver SIM Lab instructional training and upskilling aligned with rural healthcare employer needs and training needed for healthcare education programs, including, but not limited to, emergency medical technician (EMT), advanced emergency medical technician (AEMT), paramedics, registered nurses, licensed practical nurses, medical lab technicians, respiratory therapists, surgical technicians, radiology technicians, dental hygienists, oral health clinicians, licensed nursing assistants, and medical assistants. The Contractor will develop a workplan to implement the two (2) mobile SIM Labs and deliver such workplan to GO-NORTH.
- 2.4.4. With the goal of doubling the number of students earning paraprofessional credentials through CCSNH (for example, only, the number of EMTs, AEMTs, licensed nursing assistants, medical assistants, phlebotomists), the Contractor must, no later than January 1, 2027, establish, and dedicate a sufficient number of staff and faculty, a paraprofessional academy to grow a skilled rural-ready healthcare paraprofessional workforce. The Contractor will develop a workplan to implement the paraprofessional academy and deliver such workplan to GO-NORTH within sixty (60) days of the effective date of this Contract. Prior to each annual award under RHTP, the Contractor must update the workplan in collaboration with GO-NORTH and for GO-NORTH's final review and approval. The Contractor must ensure the paraprofessional academy provides:
  - 2.4.4.1. Career advising and pathway mapping
  - 2.4.4.2. Credential preparation and testing support
  - 2.4.4.3. Placement and employer-matching services
  - 2.4.4.4. Integration of the Career Navigation Services

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## **EXHIBIT A-1**

- 2.4.4.5. Alignment of all paraprofessional academy curricula with healthcare employer-validated competencies, approved credentialing entities, and rural healthcare workforce demand.
  - 2.4.4.6. Expand academy programming annually to achieve measurable increases in credential completions, with program growth documented through enrollment and completion metrics.
  - 2.4.4.7. Post-completion student and rural healthcare employer support programming to position the paraprofessional academy as a pipeline into higher-level healthcare education and career programs.
  - 2.4.4.8. Quality assurance and monitoring processes to ensure fidelity to the paraprofessional academy approved work plan, timely progress toward deliverables, and early identification of risks or barriers requiring remediation.
- 2.5. Student Supports and Wraparound Services**
- 2.5.1. The Contractor must provide student supports and wraparound services to reduce barriers to entering rural healthcare career pipelines and pathways such supports and wraparound services include, but are not limited to:
    - 2.5.1.1. Expand awareness of healthcare career opportunities and provide tools to help students identify alignment between opportunities and their interests and aptitudes by connecting students to the Career Navigation Services and the HCGHs.
    - 2.5.1.2. Connect students with rural healthcare employers and facilitate training, clinical placements, apprenticeships, and job placement.
    - 2.5.1.3. Coordinate with high schools and CTE centers to align dual-enrollment, pre-apprenticeship, apprenticeships, and early college pathway opportunities with high-demand healthcare roles.
    - 2.5.1.4. Collaborate with higher education partners to support articulation agreements, transfer pathways, shared curriculum development, faculty collaboration, and program alignment.

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- 2.5.1.5. Provide students with information on available support and wraparound services to access healthcare education programs.
- 2.5.1.6. Maintain structured communication channels including quarterly coordination meetings, cross-agency workgroups, and joint implementation planning sessions to ensure consistent statewide delivery of HCGH services.
- 2.5.1.7. Other RHTP permissible supports and wraparound services to reduce barriers to entry into rural healthcare careers and such other services identified by GO-NORTH and mutually agreed upon by the Contractor.
- 2.5.2. The Contractor must conduct post-placement, apprenticeship, and employment structured interviews with rural healthcare employers and incorporate such feedback, as appropriate, into the implementation of the RHTP workforce initiative through this Contract. In addition, the Contractor must:
  - 2.5.2.1. Collect and analyze employer feedback to inform program design, curriculum modifications, apprenticeship development, clinical placement expansion, and career advising strategies.
  - 2.5.2.2. Document employer feedback, share results with GO-NORTH, the Contractor faculty and program leads, and incorporate employer recommendations into implementation of the RHTP workforce initiative.
  - 2.5.2.3. Develop and maintain employer engagement plans for each region, including targeted outreach, communication strategies, and identified workforce priorities.
  - 2.5.2.4. Translate employer needs, identified by the Workforce Stakeholder Advisory Committee and the Contractor's rural healthcare employer partners, into student-facing programs such as new certificate or credentialing offerings, short-term trainings, healthcare paraprofessional training pathways, advising tools, and job placement support.
- 2.5.3. Student supports and wraparound services shall be available to students enrolled in degree programs, certificate programs, apprenticeships, para-training academy programs, mobile simulation cohorts, and other contractor-operated training pathways serving rural regions.



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**2.6. Sustainability**

2.6.1. The Contractor must participate in RHTP workforce initiative sustainability planning in collaboration with the Workforce Stakeholder Advisory Committee and GO-NORTH. The sustainability plan must outline strategic goals, partnership structures, and implementation pathways that support long-term sustainability of New Hampshire’s RHTP workforce initiatives:

- 2.6.1.1. Gaps in awareness of essential healthcare roles.
- 2.6.1.2. Absence of clear pathways and structured career pathways for prospective healthcare workers.
- 2.6.1.3. Mismatch between available educational opportunities and student interests in selected healthcare roles.
- 2.6.1.4. Recommendations for program expansions including faculty recruitment, infrastructure upgrades, clinical partnerships, and simulation resources to align educational supply with employer demand.
- 2.6.1.5. Aligns with RHT Program goals, statewide workforce priorities, and CCSNH strategic workforce initiatives.
- 2.6.1.6. Active participation in discussions and planning efforts related to sustainability beyond the grant period that includes contributing recommendations on long-term funding strategies, staffing models, and infrastructure maintenance to support continued program viability.

**2.7. CTE Career Pathways**

2.7.1. In collaboration with the CTEs, the Contractor must expand and support the expansion of CTE healthcare career pathways in federal fiscal year 2026 by identifying deliverables to expand healthcare related CTE programming. The Contractor shall collaborate with GO-NORTH on the development of such deliverables. Deliverables could include, but are not limited to:

- 2.7.1.1. Purchasing identified equipment needs of the CTEs to deliver healthcare related programming in CTE centers.
- 2.7.1.2. If appropriate, hosting summer academies or summer enrichment camps to engage students with relevant healthcare related curriculum in CTE centers and, if feasible experiential learning in healthcare settings with healthcare employer partners.

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2.7.1.3. Developing a comprehensive CTE healthcare pathways workplan that leverages CTE centers and the Contractor's early college programs to provide students with career-ready credentials and foundational college level learning and credits to better position them for career progression.

2.7.2. The Contractor and CTEs must collaborate to identify barriers to expanding healthcare related CTE programming and must report such barriers to GO-NORTH. The Contractor and GO-NORTH must then develop a CTE expansion workplan to use RHTP funding to address those barriers and expand CTE healthcare programming. Such barriers may include, but are not limited to:

2.7.2.1. Challenges of hiring credentialed faculty to deliver licensed nursing, EMT and other healthcare programs.

2.7.2.2. Support to develop new healthcare program curriculum, including the purchase of necessary equipment to establish such healthcare related programming.

2.7.2.3. CTE student wraparound supports and services.

2.7.2.4. Simulation equipment and use of the Mobile SIM lab to enhance CTE programming.

2.7.2.5. Professional development opportunities for CTE educators.

2.7.2.6. Support to expand CTE programming to non-traditional times (e.g. evening CTE programs).

2.7.3. To support alignment of all Rural Health Transformation efforts, Contractor will engage and coordinate, as requested by GO-NORTH with GO-NORTH contractors and stakeholders on RHT initiatives.

2.7.4. The Contractor must participate in on-site reviews conducted by GO-NORTH on a semi-annual basis, or as otherwise requested by GO-NORTH.

**2.8. Staffing**

2.8.1. The Contractor must provide the following key personnel, at minimum, on the FTE basis set forth. Any changes to key personnel must be reported to GO-NORTH fifteen (15) days prior to such change:

2.8.1.1. CCSNH Chancellor

2.8.1.2. CCSNH Director of Workforce Development

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- 2.8.1.3. CCSNH Grant Manager
- 2.8.1.4. CCSNH Director of Sponsored Programs
- 2.8.1.5. Director of Secondary Education Partnerships

**2.9. Performance Monitoring and Reporting**

2.9.1. Performance Measures

- 2.9.1.1. The Contractor must monitor the scope of services outlined in this Agreement by reporting performance metrics to GO-NORTH. All performance metrics, and the reporting cadence, will be established by GO-NORTH and provided to the Contractor in written GO-NORTH guidance. Such performance reporting metrics will include any CMS required reporting metrics and such other performance reporting metrics determined by GO-NORTH to ensure the performance of the activities set forth in this Contract are aligned with the State's RHTP initiatives, outcomes, and goals. The performance metrics shall established and provided to the Contractor through written guidance from GO-NORTH.
- 2.9.1.2. The Contractor must maintain financial management systems capable of tracking and reporting expenditures including but not limited to, RHTP permissible use of funds.

2.9.2. Quarterly and annual progress reporting

- 2.9.2.1. The Contractor must 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	August 1	October 30	November 7

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Report #1			
Quarterly Report #2	October 31	January 30	February 7
Quarterly Report #3	January 31	April 30	May 7

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

2.9.3. Annual Progress Reporting

2.9.3.1. 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 the 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 RHTP program. Annual progress report time periods and due dates are as follows:

2.9.3.1.1. Annual progress report #1: December 29, 2025 through July 30, 2026 and due August 7, 2026.

2.9.3.1.2. Annual progress report #2: August 1, 2026 through July 30, 2027, and due August 7, 2027.

2.9.3.1.3. Annual progress report #3: August 1, 2027 through July 30, 2028, and due August 7, 2028.

2.9.3.1.4. Annual progress report #4: August 1, 2028 through July 30, 2029, and due August 7, 2029.

2.9.3.1.5. Annual progress report #5: August 1, 2029 through July 30, 2030, and due August 7, 2030.

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2.9.3.1.6. 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 must be due the next business day following the reporting due date.

2.9.4. The Contractor must submit annual and quarterly reports, on a format as determined by GO-NORTH.

2.9.5. The Contractor must participate in GO-NORTH hosted forums, such as an annual summit, related to RHTP.

2.9.6. The Contractor must monitor the scope of services outlined in this Agreement by reporting performance metrics to GO-NORTH. All performance metrics, and the reporting cadence, will be established by GO-NORTH and provided to the Contractor in written GO-NORTH guidance. Such performance reporting metrics will include any CMS required reporting metrics and such other performance reporting metrics determined by GO-NORTH to ensure the performance of the activities set forth in this Contract are aligned with the State's RHTP initiatives, outcomes, and goals. The performance metrics established and provided to the Contractor through written guidance from GO-NORTH to the Contractor are hereby incorporated into this Contract by reference and must be aligned with the activities set forth in this Exhibit A-1 and with the State's RHTP initiatives.

2.9.7. The Contractor must participate in evaluation, performance management, and implementation science activities in collaboration with GO-NORTH and GO-NORTH's Evaluation Contractor (GNEC) to support evaluation, learning, performance monitoring, and CMS reporting requirements. The Contractor must:

2.9.7.1. Provide programmatic, financial, and performance data requested by GNEC to support GO-NORTH's evaluation activities and CMS reporting requirements. This may include, but not limited to: Key goals and outcomes, activity progress, planned activities, case examples, use of funds, and detailed information related to implementation.

2.9.7.2. Contribute to GO NORTH's implementation science efforts by sharing information on implementation

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processes, adaptations, barriers, facilitators, sustainability considerations, and by engaging in activities that evaluate what works, for whom, and under what conditions.

- 2.9.7.3. Collaborate with the GNEC to ensure full participation in the readiness assessment process.
- 2.9.7.4. Participate, as requested by GO-NORTH and GNEC in surveys, interviews, focus groups, learning huddles, and other evaluation activities necessary to assess program implementation, outcomes, and rural impacts.
- 2.9.7.5. Participate in coaching and training on evaluation, basic analysis, data interpretation, and quality improvement (QI) methods with GO-NORTH and GNEC.
- 2.9.7.6. Utilize templates, tools, and workflows provided by GO-NORTH and GNEC for evaluation and performance monitoring.
- 2.9.7.7. Comply to all reporting timelines and due dates established by GO-NORTH and GNEC for quarterly and annual reporting to ensure timely analysis, review, and submission of CMS required requirements.

**2.10. Confidential Data**

2.10.1. The Contractor must ensure all State Confidential Information (as defined herein) 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 this Contract ("State Confidential Information"), whether before or after the effective date of this Contract, and whether or not marked or identified as confidential. State Confidential Information includes, without limitation: (a) any information relating to the State's operations, programs, policies, contracts, budgets,

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finances, pricing, procurement, investigations, audits, security measures, systems, technology, or plans; (b) any information 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 the 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, and (iii) was independently developed by the Contractor without use of or reference to State Confidential Information; provided, however, that information must not be deemed excluded merely because it is included within more general public information or because individual elements are publicly known. In addition, student records, including any records subject to Family Educational Rights and Privacy Act, held by Contractor, in the ordinary course of Contractor's business, shall not be considered State Confidential Information.

- 2.10.2. The Contractor acknowledges and agrees 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 any subcontracts, awards, affiliates or other persons engaged to carry out 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.
- 2.10.3. The Contractor acknowledges 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, the Contractor and or its subcontractors, affiliates or related parties must enter into any reasonable and necessary Data Sharing Agreement(s) with third parties as required to provide services under this Contract.

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- 2.10.4. The Contractor must comply, and must cause its affiliates, subcontractors, agents, and any other persons or entities under Contractor’s direction or control who create, receive, maintain, or transmit Protected Health Information (“PHI”) in connection with the services or activities herein (collectively, “Contractor 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). The Contractor must ensure that each Contractor Party is bound by written terms, including a business associate agreement as applicable, that are no less protective than HIPAA and this Contract with respect to PHI and that require such Contractor 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. The Contractor remains responsible for the acts and omissions of the Contractor Parties to the same extent as for the Contractor’s own acts and omissions with respect to HIPAA compliance and the protection of PHI.
- 2.10.5. If the Contractor, inclusive of any subcontractors, subrecipients, or subawardees, procures a closed loop referral system using RHT funds, Contractor shall, and shall require its subcontractor, subrecipient, or subawardee (as applicable), comply with all applicable state and federal privacy and confidentiality laws, including but not limited to RSA 126-A:4
- 2.10.6. The Contractor and subcontractors must submit annual attestation of compliance with this Section.
- 2.11. Contract End-of-Life Transition Services
  - 2.11.1. General Requirements
    - 2.11.1.1. If applicable, upon early termination or expiration of the Contract the parties agree to cooperate in good faith to effectuate a secure transition of the services (“Transition Services”) from the Contractor to the GO-NORTH and, if applicable, the new partner (“Recipient”) engaged by GO-NORTH to assume the services. Ninety (90) days prior to the end-of the Contract or unless otherwise specified by the GO-NORTH, the Contractor must begin working with the GO-NORTH and if applicable, the Recipient to develop a Transition Plan (“Transition Plan”). GO-NORTH must provide the Transition Plan template to the Contractor.

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- 2.11.1.2. The Contractor must assist the Recipient, in connection with the transition of the performance of Services by the Contractor to the performance of such Services by the Recipient. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any State Confidential Information and cooperation with and assistance to Recipient and any third-party consultants engaged by Recipient in connection with the Transition Services.
- 2.11.1.3. If GO-NORTH, or any other state agency, provides, or provides access to, a system, database, hardware, software, and/or software licenses (Tools) to carry out the services in relationship to this contract said Tools will be inventoried and returned to GO-NORTH or applicable state agency, along with the inventory document, once Transition Services are complete.
- 2.11.1.4. The internal planning of the Transition Services by the Contractor must be provided to GO-NORTH and if applicable the Recipient in a timely manner. Any such Transition Services must be deemed to be Services for purposes of this Agreement.
- 2.11.1.5. 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 data must 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 the then current applicable NIST standards. The Contractor will document and certify in writing at time of the data destruction and will provide written certification to GO-NORTH upon request. The written certification will include all details necessary to demonstrate data has been properly destroyed and validated. Where

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applicable, regulatory and professional standards for retention requirements will be jointly evaluated by the State and Contractor prior to destruction.

2.11.1.6. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to destroy all hard copies of State Confidential Data using a secure method such as shredding.

2.11.1.7. Unless otherwise specified, within thirty (30) days of the termination of this Contract, Contractor agrees to completely destroy all electronic State Confidential Data by means of data erasure, also known as secure data wiping.

2.11.1.8. In the event the Contractor has comingled any State Confidential Information and the destruction or transition of said data is not feasible, the GO-NORTH and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction and in accordance with 2 CFR 200.334, Records retention requirements. For the avoidance of doubt any student records held or maintained by Contractor shall not be subject to these required destruction terms.

**2.11.2. Disagreement over Transition Services Results**

2.11.2.1. In the event GO-NORTH is not satisfied with the results of the Transition Service, GO-NORTH must 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 Transition Services process. The Parties must discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time GO-NORTH may initiate actions in accordance with the Contract.

2.12. Within thirty (30) days after the Effective Date, the Contractor must submit to GO-NORTH for review and approval a detailed work plan (the "Work Plan") to carry out the activities set forth in this Contract, and the Contractor agrees funding under this Contract is conditioned upon GO-NORTH's approval of the Work Plan. The Work Plan must 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 must 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

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Period. For each Budget Period, the Work Plan must, 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 must 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 must not materially deviate from the approved Work Plan without the GO-NORTH's prior written approval.

**3. Exhibits Incorporated**

- 3.1. The Contractor must comply with all Exhibit D 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.

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

- 4.2.1. The Contractor must 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 thereafter, that all personnel involved the provision of services to individuals 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,

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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 must 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. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "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 must 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 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. External presentation-related materials, such as abstract, 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,

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informational materials, advertisements, website copy, website pages, videos, and op-ed articles.

4.3.3. At least fourteen (14) days prior to release, the Contractor must 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, release of information, filming, and broadcasting.

4.3.4. For one (1) year after completion of the project, the recipient must continue to submit for review and comment all publications, and communications resulting from this aware based on information obtained through the Contractor's use of fund 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 lecturers, and informal meetings and conversations with community leaders. However, if such a presentation or slide deck is later re-purposed for 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, must accompany the final progress report.

4.3.7. GO-NORTH must collaborate with the Contractor to facilitate the requirements under this section.

**5. Records**

5.1. The Contractor must 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.

5.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to GO-NORTH and CMS, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials,

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inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by GO-NORTH .

- 5.1.3. 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 set forth in 2 CFR 200.334 or as required by CMS (whichever is later), GO-NORTH, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts, in accordance with 2 CFR 200.334, Records retention requirements

**6. Procurements.**

- 6.1. Sections 6.2 through 6.6 apply to procurements in excess of the default micro-purchase thresholds established in 2 CFR 200.320 – Procurement Methods.
- 6.2. 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. At least fifteen (15) calendar days prior to posting, opening or issuing a competitive procurement, the Contractor must provide notice to GO-NORTH of the competitive procurement, how to apply, the time period in which bids or applications will be accepted, the public website the Contractor will post the competitive procurement, and any other information reasonably requested by GO-NORTH.
- 6.3. Prior to contracting through a competitive procurement, the Contractor must submit a request to GO-NORTH to approve the selected applicant, bidder, contractor, or vendor. Such request must be made in writing and include evidence that the selected applicant, bidder, contractor, or vendor meets the subrecipient, contractor, subcontractor, or consulting requirements of this Agreement and the CMS RHT grant requirements. Funding of any selected vendor is contingent on GO-NORTH approval.
- 6.4. For all competitive procurements, the Contractor must adhere to procurement standards established in 2 CFR 200 Subpart D Post Federal Award Requirements: Procurement Standards (Sections 200.317 to 200.327) and, if requested by GO-NORTH, must collaborate with GO-NORTH on the development of the procurement. Upon request, the Contractor must provide the scoring documentation and award recommendation to GO-NORTH for review.
- 6.5. The Contractor must provide GO-NORTH with prior notice and receive prior approval from GO-NORTH, prior to entering into any sole source agreement related to this Contract to carry out the RHT initiative under this Contract.

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- 6.6. For all organizations the Contractor engages with, whether through a competitive procurement or sole source contract, the Contractor must (i) ensure the organization is in Good Standing with the NH Department of State, in accordance with the requirements in RSA 5:18-a; and (ii) collect and maintain a list of the organization's board of directors.

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**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. The indirect costs and administrative costs of the Contractor, inclusive of any subcontractors, subrecipients, or subawardees of the contractor, shall 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 subawardees, 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 Award
  - 2.4. The Contractor may receive, as well as provide to subrecipients, deliverable based payments. Payments to the Contractor shall be based on metrics established with GO-NORTH and shall not be included as part of the indirect and administrative cost requirements.
3. Subject to GO-NORTH prior approval, and in accordance with 2 C.F.R Part 200, Contractor may receive advance payment for services and activities provided within the scope of this Agreement.
4. 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 Budget.
5. The final required supporting documentation shall be due to GO-NORTH no later than thirty (30) calendar days after the contract completion date specified in the Cooperative Project Agreement. GO-NORTH shall recoup any balance of funds that has not been expended or is disallowed. Any recouped funds must be promptly returned by the Contractor to GO-NORTH within 30 calendar days of the request for recoupment of payment from GO-NORTH.
6. Payments made under this Agreement for the recruitment and retaining of clinical workforce talent to rural areas, require a clinical service commitment from

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**Exhibit A Item F-2**

participating individuals NH rural communities<sup>1</sup> for a minimum of 5 years in accordance with the terms and conditions of the CMS Rural Health Transformation Program. The Contractor must work in collaboration with GO-NORTH to establish controls subject to GO-NORTH approval the five (5) year service requirement is met. Controls must include but are not limited to tracking that the five (5) year service commitment on an individual basis and a requirement to recoup payments made to individuals to recruit to, or retain in, the rural clinical workforce. Any recouped funds must be promptly returned to GO-NORTH, no later than within thirty (30) calendar days from the date of receipt of recouped funds from the individual and must maintain documentation supporting the recoupment and repayment in accordance with applicable record retention requirements. This provision shall survive the termination of this Agreement.

7. 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:
  - 7.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 7.2. Is submitted in a form that is provided by or otherwise acceptable to GO-NORTH.
  - 7.3. 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.
  - 7.4. Includes supporting documentation, as requested by GO-NORTH, of allowable costs, which may include, but is not limited to, payroll records, receipts for purchases, and proof of expenditures and proof of payment, as follows:
    - 7.4.1. With the first invoice for services provided under this Agreement.
    - 7.4.2. With subsequent invoices, upon request by GO-NORTH.
  - 7.5. Is completed, dated and returned to GO-NORTH or allowable expenses to initiate payment.
  - 7.6. Is assigned an electronic signature and is emailed to [Michele.Z.Thibault-G@goferr.nh.gov](mailto:Michele.Z.Thibault-G@goferr.nh.gov)
8. 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.

<sup>1</sup> Rural Area is defined as either (i) a healthcare clinical facility located in a rural region 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).

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9. The final invoice shall be due to GO-NORTH no later than sixty (60), or sooner if available, days after the contract completion date.
10. The Contractor must provide the services in Exhibit A-1, Scope of Services, in compliance with funding requirements.
11. As part of GO-NORTH's review and approval of Contractor's Work Plan, as outlined in Exhibit B Scope of Services, 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 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 has not met such expenditure targets by deadlines set by GO-NORTH, GO-NORTH has the unilateral right to recoup unexpended funds for such Budget Period, and redistribute to other RHTP initiatives, or to direct Contractor to expend the funds not expended that align with the Scope of Services. The Contractor agrees to the terms and conditions set forth by CMS for the RHTP and understands and agrees that Contractor's failure to meet expenditure targets and milestones set forth by GO-NORTH will materially impact the State's ability to comply with CMS requirements and meet RHTP objectives.
12. The Contractor agrees and covenants that the funds will be used solely for an allowable purpose as set forth in this Agreement and as allowed under the CMS Rural Health Transformation Program as authorized by the One Big Beautiful Bill Act (Section 71401 of Public Law 119-21). The Contractor must ensure no funds under this Agreement are used for costs that are unallowable, including but not limited to the following:
  - 12.1. New construction, including supplanting funding for in-process or planned construction projects or directing funding towards new construction builds, which is unallowable. Renovations or alterations, as described in CMS RHTP notice of funding opportunity, notice of RHTP award or other CMS issued guidance cannot exceed 20% of the total funding awarded to New Hampshire in a given budget period. If the Contractor plans to fund direct renovations or alterations, the Contractor must provide a written justification to GO-NORTH and receive GO-NORTH prior approval.
  - 12.2. Replacing payment for clinical services that could be reimbursed by insurance. Payments to clinical services are not allowed if it would duplicate billable services and/or attempt to change payment amounts of existing fee schedules. If the Contractor plans to fund direct health care services, the Contractor must provide a written justification to GO-NORTH detailing why such services are not already reimbursable, how the payment will fill a gap in care coverage (such as uncompensated care or services not covered by insurance), how such payment will transform the

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**Exhibit A Item F-2**

current care delivery model, and receive GO-NORTH prior approval. Funding for such payments cannot exceed 15% of the total funding awarded to New Hampshire in a given budget period.

- 12.3. Pre-contract effective date costs.
- 12.4. Meeting any matching requirements for any other federal funds or local entities.
- 12.5. Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law.
- 12.6. Goods or services not applicable to the scope of this Contract and the State's RHTP workforce initiative.
- 12.7. Supplanting, or duplicating, existing State, local or private funding of infrastructure or services.
- 12.8. The cost of independent research and development, including Contractor's proportionate share of indirect costs, see 2 CFR 300.477.
- 12.9. Purchase of covered telecommunications and video surveillance equipment (see 2 CFR 200.216) as well as financial assistance to households for installation and monthly broadband internet costs.
- 12.10. Meals, unless in limited circumstances such as (i) subject and patients under study; (ii) where specifically approved as part of the project; (iii) as part of a per diem or subsistence allowance provided in conjunction with allowable travel.
- 12.11. Activities prohibited under 2 CFR 200.450 and the HHS Grants Policy Statement, including, but not limited to: (i) payments related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, local legislature or legislative body, including but not limited to paying the salary or expenses of any grant Recipient or agent acting for such Recipient for such activity; and (ii) lobbying, but Contractor can lobby at its own expense if Contractor can segregate federal funds from other financial resources used for lobbying to the extent allowed under State law.
- 12.12. Replacement of HITECH certified electronic medical records (EMR) systems is capped at 5% of the total funding awarded to New Hampshire in a given Budget Period if such certified EMR system was already in place as of September 1, 2025. Prior to initiating any plan to replace a certified EMR system, Contractor shall receive GO-NORTH prior approval.
- 12.13. Clinician salaries or wage supports for facilities that subject clinicians to non-compete contractual limitations. This applies only to salaries and wages funded by RHTP through an approved initiative described in the State's approved application.

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- 12.14. Recruiting or retaining clinical workforce to rural areas, without a commitment to serve rural communities for a minimum of five years.
- 12.15. SSA 2105(c), paragraphs (1), (7), and (9) apply as funding limitations. These limitations are related to general limitations, limitations on payment for abortions, and citizenship documentation requirements for payments made with respect to an individual.
- 12.16. Any other use of funds deemed impermissible by CMS.
13. The Contractor must maintain financial management systems capable of tracking and reporting expenditures including, by, but not limited to, RHTP permissible use of funds
14. If, upon further review, GO-NORTH determines any expense to be an impermissible use of funds under this Agreement or the CMS RHT grant program, GO-NORTH must disallow such expense 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.
15. 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.
16. 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)					
<b>Contractor Name:</b>		Community College System of New Hampshire (CCSNH)			
<b>Budget Request for:</b>		Rural Health Transformation			
<b>Budget Period:</b>		G&C Approval through 09/30/31			
<b>Indirect Cost Rate (if applicable)</b>		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	\$1,868,837	\$2,584,102	\$2,969,286	\$3,156,710	\$3,351,694
2. Fringe Benefits	\$897,042	\$1,240,369	\$1,425,257	\$1,515,221	\$1,608,813
3. Consultants	\$0	\$0	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$400,000	\$400,000	\$0	\$0	\$0
5.(a) Supplies - Educational	\$60,500	\$60,500	\$16,500	\$16,500	\$16,500
5.(b) Supplies - Lab	\$125,000	\$125,000	\$25,000	\$25,000	\$25,000
5.(c) Supplies - Pharmacy	\$0	\$0	\$0	\$0	\$0
5.(d) Supplies - Medical	\$75,000	\$75,000	\$20,000	\$20,000	\$20,000
5.(e) Supplies - Office	\$2,000	\$2,000	\$1,000	\$1,000	\$1,000
6. Travel	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
7. Software	\$614,000	\$563,000	\$572,200	\$581,700	\$591,500
8. (a) Other - Program delivery	\$1,012,000	\$1,113,760	\$1,216,053	\$1,276,895	\$1,296,302
8. (b) Other - Other program support	\$350,000	\$420,000	\$480,000	\$530,000	\$570,000
8. (c) Other - Minor renovations and fit up	\$900,000	\$1,150,000	\$0	\$0	\$0
8. (d) Other-Utilities	\$40,000	\$40,000	\$40,000	\$40,000	\$40,000
8. (e) Other- Marketing	\$100,000	\$100,000	\$100,000	\$100,000	\$100,000
8. (f) Other-miscellaneous Other non-categorizable expenses (IE: registration, medical waste disposal, etc)	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
9. Subrecipient Contracts	\$0	\$0	\$0	\$0	\$0
<b>Total Direct Costs</b>	<b>\$6,494,379</b>	<b>\$7,923,731</b>	<b>\$6,915,296</b>	<b>\$7,313,026</b>	<b>\$7,670,809</b>
<b>Total Indirect Costs</b>	<b>\$235,840</b>	<b>\$380,084</b>	<b>\$253,026</b>	<b>\$281,758</b>	<b>\$305,588</b>
<b>Subtotals</b>	<b>\$6,730,219</b>	<b>\$8,303,815</b>	<b>\$7,168,322</b>	<b>\$7,594,784</b>	<b>\$7,976,397</b>
		<b>TOTAL</b>			<b>\$37,773,537</b>

Initial  
MR

Contractor Initials: 3/13/2026

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

**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 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 3/13/2026

<sup>Initial</sup>  
MR

**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.

V1.1 RHT

Exhibit A-2,  
Federal Requirements

Contractor's Initials

Date 3/13/2026

Initial  
MR

**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.

Initial  
*MR*

**Governor's Office of New Opportunities & Rural Transformational Health ("GO NORTH")  
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**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.

- The UEI (SAM.gov) number for your entity is: M529CN2JZMN5
- 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:

- 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:

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

Name: \_\_\_\_\_ Amount: \_\_\_\_\_

Contractor Name: Community College System of NH

3/13/2026

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

Signed by:



Name: Mark Rubinstein  
Title: \_\_\_\_\_

Chancellor

Initial

MR