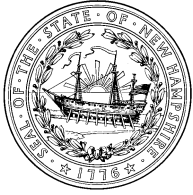


115 - 6/3/26



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

Lori A. Weaver
 Commissioner

Katja S. Fox
 Director

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

April 22, 2026

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

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division for Behavioral Health, to enter into a **Sole Source** amendment to an existing contract with The Prevention Certification Board of New Hampshire (VC #168487), Bow, NH, to continue providing the Prevention Specialist Mentorship Program, by exercising a contract renewal option by increasing the price limitation by \$24,000 from \$24,000 to \$48,000 and extending the completion date from June 30, 2026 to June 30, 2028, effective July 1, 2026, upon Governor and Council approval. 100% Other Funds (Opioid Abatement Trust Fund).

The original contract was approved by Governor and Council on June 26, 2024, item #48.

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

05-95-92-920510-33820000 HEALTH AND SOCIAL SERVICES, DEPT. OF HEALTH AND HUMAN SVS. HHS: DIVISION FOR BEHAVIORAL HEALTH, BUREAU OF DRUG AND ALCOHOL SVCS, GOVERNOR COMMISSION FUNDS (100% General Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|------------------------|-----------------|----------------|------------------------------|----------------|
| 2025 | 102-500731 | Contracts for Prog Svc | 92058502 | \$12,000 | \$0 | \$12,000 |
| 2026 | 102-500731 | Contracts for Prog Svc | 92058502 | \$12,000 | \$0 | \$12,000 |
| | | | <i>Subtotal</i> | \$24,000 | \$0 | \$24,000 |

05-95-92-920510-39500000 HEALTH AND SOCIAL SERVICES, HEALTH AND HUMAN SVCS, DEPT OF HHS: BEHAVIORAL HEALTH DIV OF, BUREAU OF DRUG AND ALCOHOL SERVICES, OPIOID ABATEMENT TRUST FUND (100% Other Funds)

| State Fiscal Year | Class / Account | Class Title | Job Number | Current Budget | Increased (Decreased) Amount | Revised Budget |
|-------------------|-----------------|-------------|------------|----------------|------------------------------|----------------|
|-------------------|-----------------|-------------|------------|----------------|------------------------------|----------------|

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

| | | | | | | |
|------|------------|------------------------|-----------------|-----------------|-----------------|-----------------|
| 2027 | 102-500731 | Contracts for Prog Svc | 92053952 | \$0 | \$12,000 | \$12,000 |
| 2028 | 102-500731 | Contracts for Prog Svc | 92053952 | \$0 | \$12,000 | \$12,000 |
| | | | <i>Subtotal</i> | \$0 | \$24,000 | \$24,000 |
| | | | Total | \$24,000 | \$24,000 | \$48,000 |

EXPLANATION

The Department is implementing the funding actions taken by the New Hampshire Opioid Abatement Advisory Commission (Commission). The Department, in consultation with the Commission, distributes funds from the Opioid Abatement Trust Fund in accordance with RSA 126-A:84 and RSA 126-A:86. This request is **Sole Source** because MOP 150 requires agreements originally identified as sole source to be identified as sole source. The Contractor is the only prevention certification board in the state that provides administration, specialized and industry standard professional development for credentialing the prevention workforce in New Hampshire.

The purpose of this request is to exercise a contract renewal option for the Contractor to continue providing oversight for the Prevention Specialist Mentorship Program and administrative support by maintaining a pathway for members of the prevention workforce to collaborate and earn credentials as Certified Prevention Specialists and Advanced Certified Prevention Specialists. Additionally, the Contractor is responsible for reviewing and approving continuing education for Certified Prevention Specialists and Advanced Certified Prevention Specialists for various types of training events as well as establishing mentorship opportunities to support mentees' persistence with short- and long-term professional development goals.

Approximately 75 individuals will be served annually through June 30, 2028.

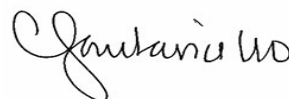
The Department will continue to monitor services through review and assessment of quarterly reports and an annual site visit to review contract program and financial deliverables required by the Contractor.

As referenced in Exhibit A, Revisions to Standard Agreement Provisions, of the original agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval. The Department is exercising its option to renew services for two (2) years of the five (5) years available.

Should the Governor and Council not authorize this request, the Prevention Specialist Mentorship Program would no longer be available to the prevention workforce, prevention workforce development efforts would be impacted, as well as oversight of prevention certification would cease to exist, and the latest industry standard professional practices may not be utilized and upheld in New Hampshire.

Area served: Statewide.

Respectfully submitted,



For:

Lori A. Weaver
 Commissioner

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

This Amendment to the Workforce Development for Drug & Alcohol Prevention Providers contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and The Prevention Certification Board of New Hampshire ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 26, 2024 (Item #48), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract and in consideration of certain sums specified; and

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

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

1. Form P-37 General Provisions, Block 1.7., Completion Date, to read:
June 30, 2028
2. Form P-37, General Provisions, Block 1.8., Price Limitation, to read:
\$48,000.00
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.5., to read:
 - 1.5. Paragraph 6, Compliance by Contractor with Laws and Regulations/Equal Employment Opportunity, Subparagraph 6.1., is amended as follows:
 - 6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, RSA 151:21 Patients' Bill of Rights, civil rights and equal employment opportunity laws, and the Governor's order on Respect and Civility in the Workplace, Executive Order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.
4. Modify Exhibit B, Scope of Services; Section 1.1., to read:
 - 1.1. The Contractor must provide oversight of the Prevention Specialist Mentorship Program, which provides professional development and credentialing opportunities for Prevention Specialists, statewide, and includes:
 - 1.1.1. A research component to determine professional development needs and opportunities;
 - 1.1.2. Identification of current industry standard professional mentoring programs that can be used as models; and
 - 1.1.3. Provision of professional development needs and opportunities to the Department with industry standard mentoring programs that can be used as models.
5. Modify Exhibit B, Scope of Services; Section 1.17., to read:
 - 1.17. The Contractor must provide a final industry standard professional mentorship plan to the Department for approval within sixty (60) days of the contract effective date.
6. Modify Exhibit C, Payment Terms; Section 1., to read:

Initial


1. This Agreement is funded by:
 - 1.1. 50% General Funds
 - 1.2. 50% Other Funds (Opioid Abatement Trust Fund)
7. Modify Exhibit C, Payment Terms; Section 3., to read:
 3. Payment shall be on a cost reimbursement basis for actual expenditures incurred in the fulfillment of this Agreement, and shall be in accordance with the approved line items, as specified in Exhibit C-1, Budget through Exhibit C-4, Budget – Amendment #1.
8. Modify Exhibit C, Payment Terms; Section 4.4., to read:
 - 4.4. Includes supporting documentation of allowable costs, with each invoice, labeled by budget line item that may include, but is not limited to timesheets, payroll records, receipts for purchases, and proof of expenditures, as applicable.
9. Add Exhibit C-3, Budget – Amendment #1, which is attached hereto and incorporated by reference herein.
10. Add Exhibit C-4, Budget – Amendment #1, which is attached hereto and incorporated by reference herein.

Initial
JM

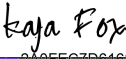
All terms and conditions of the Contract not modified by this Amendment remain in full force and effect. This Amendment shall be effective July 1, 2026, upon Governor and Council approval.

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

State of New Hampshire
Department of Health and Human Services

5/11/2026

Date

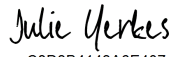
Signed by:


Name: Kaja Fox
Title: Director

The Prevention Certification Board of New Hampshire

5/8/2026

Date

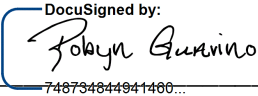
Signed by:


Name: Julie Yerkes
Title: Board President

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

OFFICE OF THE ATTORNEY GENERAL

5/13/2026
Date

DocuSigned by:

748734844941480...
Name: Robyn Guarino
Title: Attorney

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

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Exhibit C-3, Budget - Amendment #1

| New Hampshire Department of Health and Human Services | |
|---|---|
| Contractor Name: | The Prevention Certification Board of New Hampshire |
| Budget Request for: | Workforce Development for Drug & Alcohol Prevention Providers |
| Budget Period | 7/1/2026 - 6/30/2027 |
| Indirect Cost Rate (if applicable) | 0 |
| | |
| Line Item | Program Cost - Funded by DHHS |
| 1. Salary & Wages | \$0 |
| 2. Fringe Benefits | \$0 |
| 3. Consultants | \$0 |
| 4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | \$0 |
| 5.(a) Supplies - Educational | \$0 |
| 5.(b) Supplies - Lab | \$0 |
| 5.(c) Supplies - Pharmacy | \$0 |
| 5.(d) Supplies - Medical | \$0 |
| 5.(e) Supplies Office | \$0 |
| 6. Travel | \$0 |
| 7. Software | \$0 |
| 8. (a) Other - Marketing/ Communications | \$900 |
| 8. (b) Other - Education and Training | \$0 |
| 8. (c) Other - Other (specify below) | \$0 |
| Other - International Certification & Reciprocity | \$1,650 |
| Other - Insurance Board Liability | \$450 |
| Other (please specify) | \$0 |
| Other (please specify) | \$0 |
| 9. Subrecipient Contracts | \$9,000 |
| Total Direct Costs | \$12,000 |
| | |
| Total Indirect Costs | \$0 |
| | |
| TOTAL | \$12,000 |

Exhibit C-4, Budget - Amendment #1

| New Hampshire Department of Health and Human Services | |
|---|---|
| Contractor Name: | The Prevention Certification Board of New Hampshire |
| Budget Request for: | Workforce Development for Drug & Alcohol Prevention Providers |
| Budget Period | 7/1/2027 - 6/30/2028 |
| Indirect Cost Rate (if applicable) | 0 |
| | |
| Line Item | Program Cost - Funded by DHHS |
| 1. Salary & Wages | \$0 |
| 2. Fringe Benefits | \$0 |
| 3. Consultants | \$0 |
| 4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200. | \$0 |
| 5.(a) Supplies - Educational | \$0 |
| 5.(b) Supplies - Lab | \$0 |
| 5.(c) Supplies - Pharmacy | \$0 |
| 5.(d) Supplies - Medical | \$0 |
| 5.(e) Supplies Office | \$0 |
| 6. Travel | \$0 |
| 7. Software | \$0 |
| 8. (a) Other - Marketing/ Communications | \$900 |
| 8. (b) Other - Education and Training | \$0 |
| 8. (c) Other - Other (specify below) | \$0 |
| Other - International Certification & Reciprocity | \$1,650 |
| Other - Insurance Board Liability | \$450 |
| Other (please specify) | \$0 |
| Other (please specify) | \$0 |
| 9. Subrecipient Contracts | \$9,000 |
| Total Direct Costs | \$12,000 |
| | |
| Total Indirect Costs | \$0 |
| | |
| TOTAL | \$12,000 |

State of New Hampshire

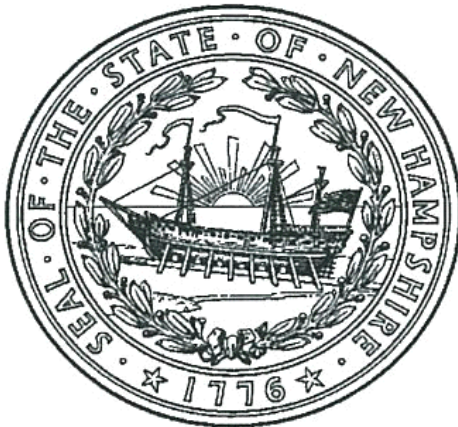
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that THE PREVENTION CERTIFICATION BOARD OF NEW HAMPSHIRE is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on July 12, 2005. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **540512**

Certificate Number: **0007918137**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of April A.D. 2026.

A handwritten signature in black ink, appearing to read "D. Scanlan", is written over a faint circular outline.

David M. Scanlan
Secretary of State

CERTIFICATE OF AUTHORITY

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

1. I am a duly elected Clerk/Secretary/Officer of The Prevention Certification Board of New Hampshire.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on August 7, 2025, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Julie Yerkes, President (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of The Prevention Certification Board of New Hampshire to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

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

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

Dated: 4/24/2026

DocuSigned by:
Carrie McFadden
687272FE636F479...

Signature of Elected Officer

Name: Carrie McFadden

Title: Vice President



The Prevention Certification Board

OF NEW HAMPSHIRE

May 13, 2026

Officers

President

Julie Yerkes, CPS
JSI Research & Training
Institute, Inc./CHI

Vice President

Carrie McFadden
Peer Support Community
Partners

Treasurer

Kristie Curtis
Recovery Friendly Workplace

Secretary

Sarah Shanahan
Haven

Administrator

Hannah Owen, MS

Edward Sisson
Bureau of Contracts and Procurement
NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

Dear Edward,

Enclosed please find the Certificate of Insurance for NH Teen Institute.

The Prevention Certification Board of New Hampshire has been allowed an exception to permit use of Administrator's certificate of liability insurance. The majority of work is done by our Administrator and the Board is an all-volunteer board. Our administrative location is at the NH Teen Institute in Auburn, NH. This exception was granted per our workforce development contract and exhibit C-1 was revised to allow this exception.

Sincerely,

Julie Yerkes, Board President
Prevention Certification Board of New Hampshire
Enclosure: Certificate of Insurance

NONPROFIT COVER SHEET

A. Entity Name: The Prevention Certification Board of New Hampshire

B. Entity's Contact Information: Julie Yerkes, President, julie.verkes@jsi.org

For Records Requests (e.g., resumes of key personnel; audited financial statements):

Name / Phone / Email: Hannah Owen, (603) 573-3356, nhpreventcert@gmail.com

Person responsible for Accuracy and Completeness of information provided:

Name: Hannah Owen

Title: Board Administrator

Signature: *Hannah Owen*

C. List Board of Directors and Affiliations

| <u>Name (Identify any additional role(s) in Parentheses)</u> E.g., John Doe (President) | <u>Affiliations</u> |
|--|---|
| Julie Yerkes (President) | JSI Research & Training Institute, Inc. |
| Carrie McFadden (Vice President) | Peer Support Community Partners |
| Kristie Curtis (Treasurer) | Recovery Friendly Workplace |
| Sarah Shanahan (Secretary) | HAVEN |
| | |
| | |
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| | |
| | |
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| | |
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| | |

D. List Key Personnel (Resumes must be available upon request to the person(s) listed in section B or may be attached):

| <u>Name</u> | <u>Role</u> | <u>Annual Salary</u> | <u>Amount Paid From This Contract</u> |
|------------------------|----------------|----------------------|---------------------------------------|
| Julie Yerkes | President | \$0.00 | \$0.00 |
| Carrie McFadden | Vice President | \$0.00 | \$0.00 |
| Kristie Curtis | Treasurer | \$0.00 | \$0.00 |
| Sarah Shanahan | Secretary | \$0.00 | \$0.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

DISCLOSURE OF LEGAL ACTIVITIES INVOLVING THE STATE OF NEW HAMPSHIRE OR ANOTHER GOVERNMENT ENTITY

E. Check one of the following:

- [x] The entity is **not currently or has not been** party to any legal proceeding involving the State of New Hampshire (or any agency or subdivision thereof) or any other state/federal government entity before any adjudicative body in any jurisdiction **OR**
- [] The entity is or has been party to one or more legal proceedings as set forth above. Identify the jurisdiction, court or other adjudicative body, case number, and briefly describe the nature of the proceeding (Attached extra sheet if necessary).

CHARITABLE TRUSTS UNIT COMPLIANCE CERTIFICATION

F. Check one of the following:

- [x] is registered and in good standing with the New Hampshire Department of Justice Charitable Trusts Unit (** see note below) **or** has submitted a complete application for registration to the Charitable Trusts Unit and is awaiting a registration determination **OR**
- [] is not required to register with the Charitable Trusts Unit because it is neither tax-exempt under section 501(c)(3) of the Internal Revenue Code nor engages in charitable solicitations in the State of New Hampshire **OR**
- [] is exempt from registration with the Charitable Trusts Unit because it is a federal or state government, agency, or subdivision or is a religious organization, an integrated auxiliary of a religious organization, or is a convention or association of churches.

** Note: Attached screen shot from the DOJ Registered Charities List found at:

<https://mm.nh.gov/files/uploads/doj/remote-docs/registered-charities.pdf>

New Hampshire Department of Justice

Registered Charities List
G = Good Standing; X = Not in Good Standing; S = Suspended

Charitable Trusts Unit

| Reg. No. | Charity Name | Address | City | State | Zip | Status | Report Due |
|----------|--------------------------------------|--|------------|-------|------------|--------|------------|
| 14297 | Preschool on the Green, Inc. | 11 Church Street | Amherst | NH | 03031-2923 | G | 11/15/2026 |
| 11015 | Prescott Conservancy, Inc. | 928 White Oaks Road | Laconia | NH | 03246 | X | 5/15/2024 |
| 2075 | Prescott Park Arts Festival, Inc. | 105 Marcy Street, PO Box 4370 | Portsmouth | NH | 03802-4370 | G | 5/15/2026 |
| 31420 | Residential OHRV Club | PO Box 152 | Gorham | NH | 03581 | G | 5/15/2026 |
| 14395 | Residential Prayer Team | 1747 Pennsylvania Avenue NW Suite 1000 | Washington | DC | 20006 | G | 5/15/2026 |
| 31417 | Pressley Ridge | 5500 Corporate Drive, Suite 400 | Pittsburgh | PA | 15237 | X | 5/15/2021 |
| 31408 | Pressley Ridge Foundation | 5500 Corporate Drive, Suite 400 | Pittsburgh | PA | 15237 | X | 5/15/2021 |
| 3206 | Prevent Cancer Foundation | 333 John Carlyle Street | Alexandria | VA | 22314 | G | 5/15/2026 |
| 16786 | Prevent Child Abuse America | 33 N Dearborn St Ste 2300 | Chicago | IL | 60602 | G | 5/15/2026 |
| 16188 | Prevention Certification Board of NH | 501 South Street, 2nd Floor | Bow | NH | 03304 | G | 5/15/2026 |

FINANCIAL DISCLOSURES

G. Check one the following:

- [] The organization hired an outside firm to audit its financial statements or to prepare GAAP-compliant financial statements for its most recently completed fiscal year. If so, please ensure that the financial statements and audit results are available to be requested from the contact listed on Page 1 (audited financials may be attached) **OR**
- [x] The above does not apply, but the organization filed an IRS Form 990 or Form 990-EZ for its most recently completed fiscal year. Please attach that IRS Form 990 or Form 990-EZ to the submission. (Form 990 Schedule B is not required) **OR**
- [] ***If neither of the above apply***, complete the Income Statement and Balance Sheet below with the following basic financial information from the organization’s most recently completed fiscal year:

1. INCOME STATEMENT

| | <u>Revenue</u> | | <u>Expenses</u> |
|---------------------------------|----------------|---|-----------------|
| <i>Grants</i> | \$ | <i>Compensation of officers, directors, and key personnel</i> | \$ |
| <i>Donations</i> | \$ | | |
| <i>Program Services Revenue</i> | \$ | <i>Other salaries & wages</i> | \$ |
| <i>Interest & Dividends</i> | \$ | <i>Payroll taxes & employee benefits</i> | \$ |
| <i>All other Revenue</i> | \$ | <i>Occupancy, rent, utilities, and insurance</i> | \$ |
| <u>Total Revenue</u> | \$ | <i>Printing, publications, postage, office supplies, and IT</i> | \$ |
| | | <i>All other expenses</i> | \$ |
| | | <u>Total Expenses</u> | \$ |

2. BALANCE SHEET

| <u>Assets</u> | | <u>Liabilities</u> | |
|---|----|------------------------------|----|
| <i>Cash & Equivalents</i> | \$ | <i>Accounts Payable</i> | \$ |
| <i>Investments</i> | \$ | <i>Loans Payable</i> | \$ |
| <i>Real Estate (less any depreciation)</i> | \$ | <i>All other liabilities</i> | \$ |
| <i>Other Property & Equipment (less any depreciation)</i> | \$ | <u>Total Liabilities</u> | \$ |
| <i>Pledges, grants, accounts receivable</i> | \$ | | |
| <i>All other assets</i> | \$ | | |
| <u>Total Assets</u> | \$ | | |



The Prevention Certification Board

OF NEW HAMPSHIRE

MISSION STATEMENT

Officers

President

Julie Yerkes, CPS
JSI Research & Training
Institute, Inc.

Vice President

Carrie McFadden
Peer Support Community
Partners

Treasurer

Kristie Curtis
Recovery Friendly Workplace

Secretary

Sarah Shanahan
Haven

Administrator

Hannah Owen, MS
JSI Research & Training
Institute, Inc.

The mission of the Prevention Certification Board of New Hampshire is to prevent the misuse of alcohol, tobacco, and other drugs by providing a professional prevention credential which:

- Ensures that individuals working in communities to reduce risk and promote health have current and comprehensive knowledge, skills, and attitudes to carry out successful prevention approaches;
- Recognizes and supports a broad public health approach to behavioral health and wellness;
- Protects consumers served by credentialed professionals.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|-----|--|-------------------------------------|-------------------------------------|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | <input checked="" type="checkbox"/> |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions | | <input checked="" type="checkbox"/> |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | <input checked="" type="checkbox"/> |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | <input checked="" type="checkbox"/> | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | 0 |
| b | Did the organization file Form 1120-POL for this year? | 37b | <input checked="" type="checkbox"/> |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | <input checked="" type="checkbox"/> |
| b | If "Yes," complete Schedule L, Part II, and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____; section 4955: _____ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed: <u>NH</u> | | |
| 42a | The organization's books are in care of: <u>Kristie Curtis</u> Telephone no. <u>603-573-3356</u> Located at: <u>501 South St 2nd Floor, Bow, NH 03304</u> ZIP + 4 <u>03304</u> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 42b | <input checked="" type="checkbox"/> |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____ | 42c | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | <input type="checkbox"/> |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | <input checked="" type="checkbox"/> |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | <input checked="" type="checkbox"/> |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | <input checked="" type="checkbox"/> |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | <input checked="" type="checkbox"/> |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | <input checked="" type="checkbox"/> |

| | | |
|--|--------------------------|-------------------------------------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|--|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | |
|--------------------------|----------------------------------|------|
| Sign Here | Signature of officer | Date |
| | Kristie Curtis, Treasurer | |
| Officer's name and title | | |

| | | | | | |
|-------------------------------|-----------------|----------------------|------|---|------|
| Paid Preparer Use Only | Preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |

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

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2025

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization THE PREVENTION CERTIFICATION BOARD OF NEW HAMPSHIRE | Employer identification number (EIN) 34-2046599 |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Other Revenue Structured Explanation

| Description | Amount |
|---------------------------------|---------------|
| NH Prevention Conference Income | 47,744 |
| Total: | 47,744 |

Other Expenses Structured Explanation

| Description | Amount |
|---|---------------|
| IC and RC Prevention Specialist Exam Fees | 1,253 |
| Board of Director's Liability Insurance | 450 |
| NH Prevention Conference Expenses | 30,981 |
| IC and RC Annual Meeting Travel Expenses | 2,850 |
| IC and RC Membership Dues | 735 |
| NH State Fees | 102 |
| Website Fees | 250 |
| Marketing and Planning Expenses | 1,515 |
| Total: | 38,136 |

Primary Exempt Purpose

Primary Exempt Purpose

Establish a prevention specialist certification process for the state of NH

JULIE C. YERKES

EDUCATION

HARVARD GRADUATE SCHOOL OF EDUCATION, CAMBRIDGE, MA
Ed. M. Human Development and Psychology: Risk and Prevention

MIDDLEBURY COLLEGE, MIDDLEBURY, VT.
B.A. English and Italian; Concentration: Secondary Education

Relevant EXPERIENCE

JSI, Bow, New Hampshire

Senior Associate, January 2020 - present

Selected projects

NH Center for Excellence on Addiction, Consultant, January 2020 - present. Provide training, TA, and subject matter expertise to substance misuse programs and behavioral health systems. Work has included:

- State trainer for SAMHSA's SAPST: SPF Application for Prevention Success Training
- State trainer for SAMHSA's Prevention Ethics
- Trainer The National Council's Youth Mental Health First Aid
- NH Opioid Litigation Case Research
- Co-author and researcher *New Hampshire Substance Misuse Prevention Analysis of Cost Effectiveness* report for the NH Bureau of Drug and Alcohol Services.
- Focus group development and facilitation, strategic planning, capacity building, and program sustainability.
- Consultant and facilitator Prevention Task Force Governor's Commission on Alcohol and Other Drugs

NH Student Assistance Network, Director, July 2022 - present. Developed the facilitating organization for NH Student Assistance Programs funded by NH DHHS. Manage full scope of project and team of 8 to develop, align, and grow student assistance in NH. Provide contracting, training and technical assistance, quality assurance and improvement, and evaluation for approximately 40 programs.

The Partnership@ DrugfreeNH, Community Engagement Lead, Subject Matter Expert, January 2020 - present. Engage partners from across the continuum of care to create, test, and elevate prevention messaging and strategies. Develop content for a variety of assets for the substance misuse prevention providers across the state.

NH Service to Science, Project Director, January 2020 - present. Recruit, assess, and provide consultation and TA to NH grassroots substance misuse prevention, intervention, and recovery programs to engage in NH Service to Science, a process through which innovative prevention programs can demonstrate effectiveness and earn the designation of Evidence- Based. Facilitate an Expert Panel of prevention specialists for formal assessment and designation.

NH Community-Based Tobacco, Subject Matter Expert, January 2020 - 2024. Provide consultation and subject expertise to tobacco prevention programs and public messaging campaigns.

NH Teen Institute, Manchester, New Hampshire

Parent Education Coordinator, July 2017 – January 2020

Networked and built relationships with prevention professionals, schools, community groups, and prevention coalitions across New Hampshire. Organized parent education program in each of the 13 regional public health networks. Collected data and engaged in program evaluation as part of program fidelity efforts and outcome tracking. Oversaw management and reporting requirements of state and/or local contracts. Stayed current on ATOD trends, research, and best practices. Presented at state and national conferences. Provided professional development for individuals working with youth.

School of Creative and Performing Arts, New York, New York

Associate Director, January 2008 – July 2017

Identified gaps in services and adjusted systems to meet the changing needs of clients and staff. Developed and streamlined systems to increase quality, efficiency, and consistency of programming while minimizing risk. Researched rules, regulations, and best practices and developed educational and training materials for faculty and staff. Developed systems to address student health issues and staff responsiveness. Coordinated operational areas to meet the mission of the school and program objectives. Ensured successful high-quality implementation of program across four campuses, focusing on student safety and wellbeing, positive relationship with host universities, and professional satisfaction for staff. Provided technical assistance, training, and advisement to campus directors.

New Hampshire Institute of Politics, Manchester, NH

Civic Education Programs Manager, November 2005 – January 2008

Developed and enhanced school- and community-based prevention programs. Created and implemented professional development opportunities for teachers and school administrators. Worked with individuals and groups of students to enhance their leadership skills. Researched, tracked, and monitored trends within state and national prevention and education fields. Represented the NHIOIP at state and national meetings and conferences.

The Medical Foundation, Boston, Massachusetts

Prevention Specialist Intern, September 2002 – July 2003

Developed and implemented ATOD and violence prevention curricula in middle and high schools and community health centers in underserved urban communities. Supported student development throughout prevention training program. Facilitated group cohesion and created a respectful community among students from diverse cultural and economic backgrounds. Built relationships with school administrators and faculty to successfully integrate youth development programs into the school schedule.

TRAINING | CERTIFICATIONS

New Hampshire Prevention Certification Board, Concord, New Hampshire

Certified Prevention Specialist, 2018—present

The National Council for Mental Wellbeing,

Youth Mental Health First Aid, Certified Trainer, 2021

Prevention Solutions @ EDC, Waltham, Massachusetts

Substance Abuse Prevention Skills Training, Certified Trainer, 2020

NH Health Equity Partnership, Concord, New Hampshire

Diversity & Cultural Competency, Certified Trainer, 2018

Channing Bete Company

Staying Connected with Your Teen, Certified Trainer, 2017

PROFESSIONALS AFFILIATIONS | MEMBERSHIP

New Hampshire Prevention Certification, Vice President, *Board member, 2020*

New England Prevention Technology Transfer Center, Advisory Council member, 2020

Carrie C. McFadden

PROFESSIONAL EXPERIENCE

Peer Support Community Partners, Watertown, MA

Chief Operating Officer

January 2024–Present

- Direct organizational strategy, aligning operations with the mission to provide compassionate peer grief support while ensuring scalability, sustainability, and measurable impact.
- Streamline workflows, implement KPIs, and optimize resource allocation to enhance program efficiency, maintain fiscal health, and drive consistent operational success.
- Assist with the management of operational budget, secure diverse funding streams, and achieve revenue growth through grants, and cost-saving measures.
- Build and nurture high-performing teams by fostering a culture of inclusion, empathy, and professional growth, resulting in improved employee satisfaction and program quality.

Office Manager/Project Coordinator

November 2021–January 2024

- Responsible for overseeing the development and expansion of multifaceted areas of the organization that provided peer grief support for those bereaved by a death related to substance use. Areas include: HR, infrastructure, finance, program development, training and others as needed.

Foundation for Healthy Communities, 125 Airport Road, Concord, NH 03301

Project Coordinator

May 2020–August 2022

- Responsible for supporting the development and implementation of the Foundation for Healthy Communities project, *Improving Hospital Inpatient Management of Opioid Use Disorders in Rural Communities*. The project seeks to advance rural hospital inpatient and discharge management of patients with opioid use disorders creating a patient- and family-centered continuum of care.

NH Training Institute on Addictive Disorders, 130 Pembroke Road, Concord, NH 03301

Training Director

November 2015–March 2020

- Developed, coordinated and supported multiple workforce development training initiatives based on contract specific priorities. Oversaw registration platform, continuing education requirements, onsite coordination for events and event wrap-up.

Maine Center for Disease Control, 91 Camden St., Rockland, ME 04841

Public Health District Liaison

September '13 – November 2015

- Liaison for the Midcoast District covering Sagadahoc, Lincoln, Knox and Waldo counties. Oversaw public health unit located in Rockland including infectious disease epidemiology, public health nursing, health and water inspection. Served as the connecting point for the public and funded Healthy Maine Partnerships with the Maine CDC. Served on the Midcoast District Coordinating Council and oversaw the meeting planning and logistics. Contact for Public Health Emergency Preparedness in the Midcoast District and regularly participated in training and exercises.

Athenahealth, 3 Hatley Road, Belfast, ME 04949

Enrollment Analyst

December '12 – September '13

- Supported small physician group credentialing with payers nationwide. Researched, analyzed and implemented credentialing and contracting for physician groups and individual providers. Worked collaboratively with enrollment team members in information gathering, teaching and improving work processes.

New England Institute of Addiction Studies, 6 East Chestnut Street, Augusta, ME 04332

Assistant Coordinator for Summer Programs

March '07 – December 2012

- Supported multiple professional training and development events; the largest serving approximately 600 participants. Developed and implemented programs regionally and statewide based on identified workforce development priorities. Collected, analyzed and managed evaluation data for ongoing and continuous program improvement. Developed computer and manual based systems to support programs. Served as a primary contact for customer relations and faculty support. Developed and arranged for continuing education applications. Supervised on-site operations, registration and volunteers

The Women's Project / PROP, 510 Cumberland Ave., Portland, ME 04101

Therapeutic Case Manager

October '07 – August '08

- Offered support/networking for women dealing with an addiction, their own or others. Maintained records and appropriate documentation on clients. Performed an intake on all clients to identify barriers to treatment. Performed monthly check-ins with clients, worked with client's goals. In home client outreach and support.

Program Coordinator, Fetal Alcohol Spectrum Disorders

January '05 – March '07

- Developed and maintained strong working relationships with all sectors of the FASD continuum of prevention and treatment services. Provided coordination and support to FASD Task Force. Supported program planning and designed strategies to assure fulfillment of project goals. Ensured project activities were coordinated and focused on project goals and objectives. Managed the development of reports to funding organizations. Participated in project sustainability activities.

Medical Care Development, Inc., 11 Parkwood Drive, Augusta, ME 04333

Project Director, Performance Improvement

November '02 - June '04

- Developed, implemented and monitored the performance improvement program. Coordinated and developed process, policies and procedures for performance improvement. Coordinated the process of data collection, monitoring, analyzing and reporting of improvement activities. Facilitated the implementation of programmatic changes that result from improvement activities. Developed and coordinated the company Leadership Development Program.

Project Director, Partnership For A Tobacco-Free Maine Network Initiative

January'01-October '02

- Oversaw statewide partnership efforts in recruitment and networking for 31 Healthy Maine Partnerships. Administered statewide information line that distributed over 3,000 educational materials in addition to 80,000 promotional materials annually. Oversaw web site development and two statewide quarterly newsletters. Developed and coordinated Partnership For A Tobacco-Free Maine's Tobacco Education Clearinghouse. Assisted in creative development of statewide, multi-faceted media/marketing campaigns with marketing firm. Successfully developed and expanded Maine's first statewide anti-tobacco youth advocacy network.

Sebasticook Valley Hospital, 99 Grove St., Pittsfield, Maine 04967

Quality Improvement Coordinator

December 1998-2000

- Coordinated and oversaw hospital wide and medical staff QI program. Organized and maintained QI documentation and provided technical assistance on QI projects and data management techniques. Educated new employees, department managers, QI committee members and Board on QI process. Assisted hospital departments in preparation for state licensing survey. Prepared grant proposals for hospital programs as applicable.

Office of Policy and Legal Analysis, Maine State Legislature, Augusta, ME
Legislative Analyst

December 1996-1998

- Staffed the Joint Standing Committee on Business and Economic Development. Drafted legislation, amendments and legislative reports. Conducted policy research in the areas of business, professional and occupational regulation, economic development, health and human services, judiciary, and criminal justice. Prepared and presented policy and budget information for the committee's decision making. Provided technical assistance on budgetary, program evaluation and rules review matters

Researcher

October 1992-1996

- Provided technical support for committees and study commissions of the Maine Legislature. Drafted, reviewed and summarized legislation.

EDUCATION

Yale School of Medicine, Department of Epidemiology and Public Health, New Haven, CT. Master's in Public Health, 1992; concentration in Health Policy and Resources

Trinity College, Burlington, VT. Bachelor of Science; double concentration in Biology and Psychology, 1990, *Cum Laude*

WORK QUALITIES

Excellent communication skills; Highly organized, task-oriented with excellent time management skills; Strong interpersonal skills and professional demeanor in relating to diverse groups; Work well independently with minimal supervision; Sense of humor; Flexible.

VOLUNTEER BOARD ACTIVITY

NH Prevention Certification Board, Vice-President, board member in various roles since 2015.

International Certification & Reciprocity Consortium, Budget Subcommittee member since April 2025.

KRISTIE CURTIS

PUBLIC HEALTH
PROFESSIONAL

CONTACT



SKILLS

Relationship Building
Donor Stewardship and Fundraising
Nonprofit Management
Public Speaking and Leadership
Strategic Planning
Board Development

EDUCATION

BA Psychology
Keene State College
1995-2000

VOLUNTEER EXPERIENCE

**NH Prevention Certification
Board**
2024-Present Treasurer

NH Teen Institute
2012-Present. Volunteer.

Goffstown School Board
2016-2018 Elected Official, SAU19.

**St. Matthew's Episcopal
Church**
Youth Group Leader 2011-2017.

PROFILE

Public health professional focused on system improvements across sectors & equity for underserved populations. Relationship builder, stigma fighter, advocate for youth evidence based SUD prevention/leadership programs.

WORK EXPERIENCE

Assistant Director, NH Governor's Recovery Friendly Workplace (RFW) Initiative

Granite United Way

6/2021 - Present

- Responsible for the day-to-day management of the Initiative and strategic direction.
- Supervise, manage, and mentor team of 5 Recovery Friendly Advisors.
- Assist NH workplaces with identifying and implementing recovery-friendly policies and practices to reduce stigma and implement inclusion.
- Deliver trainings on topics such as substance use and recovery, stigma, safe language, mental health and Narcan use.
- Manage all social media communications for the Initiative.
- Administrative tasks, documentation of employee performance, 1:1 support, meaningful performance evaluations and guidance.
- Build agendas and run weekly team meeting for full staff of 8.
- Assisted with prep and facilitation of quarterly Advisory Council meetings at the NH State House.
- Interface and consult with the NH Governor, State Commissioners, and other top-level decision makers regularly to identify needs and fill gaps in services.

Major Gifts Officer

Catholic Charities New Hampshire

2019-2021

- Responsible for stewarding major donors through working with a portfolio of 150+ current supporters of Catholic Charities social service programs across the state of NH.
- Increase fundraising goals through donor stewardship with an emphasis on personal phone calls, in person meetings, and other donor retention and engagement strategies.
- Participate in all fundraising activities and events.
- Assist Development team in grant proposals and appeal letters.
- Co-write and edit "Legacy News" newsletter for the donor audience who has or is considering leaving a gift to CCNH in their will/trust.
- Work with major donors around options for planned giving and legacy gifts.
- Participate as part of the Development Committee with Board/senior staff.

Young Adult Strategies Manager

Makin' It Happen, Manchester NH

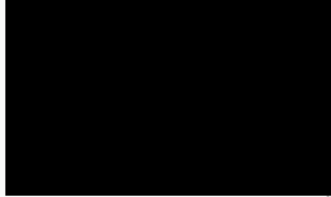
2017-2019

- Part of this regional prevention coalition team focused on building resilient youth and communities in the greater Manchester region. Responsible for the planning and development of a new program focused on the young adult (18-25) population, using prevention and harm reduction strategies to help ensure a healthier, less difficult path for this population as they transition into adulthood. Assist as a part of the MIH team and work collaboratively with staff, community partners, law enforcement, middle and high schools, local colleges, businesses, and others to access, implement, and evaluate drug, alcohol, and suicide prevention programs for youth and young adults in the region. Participate in planning and implementation of prevention programming and initiatives.
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KRISTIE CURTIS

PUBLIC HEALTH
PROFESSIONAL

CONTACT



WORK EXPERIENCE

Director of Development

Riverwoods CCRC, Manchester NH

2013-2017

- First Director of Development for this organization, building the department. Directly responsible for all Birch Hill fundraising programs and activities, including memorial giving, corporate and foundation relations, the annual appeal, planned giving, and fundraising events. Worked closely with the Board Development Committee and CEO to streamline the organization's efforts to increase revenue for all giving programs. Most importantly, dedication to cultivating funds for the Benevolent Fund, which provides residents with financial assistance so they may remain in their homes should they encounter a financial hardship. First Director of Development on staff and part of the Senior Leadership Team.

Executive Director

Crispin's House Coalition for Youth, Goffstown NH

2012-2017

- Grant research, writing, budget forecasts, management, and reporting through all phases of the grant cycle. Manage all
- agency volunteers including recruitment, training and mentoring of over 100 youth in the VolunTEENS program.
- Researched and secured new funding sources upon hire to bring the organization back up financially after state funding
- was cut. Active and ongoing collaboration with stakeholders including local nonprofits, youth, regional prevention
- coalitions, and state prevention officials. Establish and write monthly newsletter and grow email lists and social media
- presence; write bi-weekly column for the Goffstown News.

Executive Director

New Hampshire Teen Institute

2008-2012

- Oversee coordination 175+ volunteer staff from NH and the greater Northeast for overnight and day-long programs around the state of NH.
 - Data Analysis; grant research, writing, budget forecasts and management.
 - Establish and maintain donor database using fundraising software.
 - Strategic planning incorporating volunteers, board, staff, and community stakeholders. Cultivate and develop a strong Board of Directors.
 - Fiscal management: develop and oversee operating budget, prepare monthly financial reports for Board review, monitor cash flow.
 - Coordinate outreach and marketing efforts, oversee fundraising initiatives. Streamline volunteer activities, training and recognition.
 - Design, write and distribute monthly newsletter and maintain website.
 - Provide consistent and meaningful supervision of all program staff.
 - Maintain strong relationships with financial partners, the media, and donors.
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Sarah Shanahan

Education

Master of Arts in Teaching, University of New Hampshire, Durham, NH
Bachelor of Fine Arts in Theatre Studies, Emerson College, Boston, MA

Licenses

NH EEC: Elementary Education (K-8), Theatre; HQT
American Society for Training and Development (ASTD) Certified Professional Trainer

Awards

NSVRC Visionary Voice Award for Violence Prevention (2011)
NH Children's Trust Fund Unsung Hero Award (2009)

Positions

Secretary Prevention Certification Board of New Hampshire
Former Board Chair Lighthouse Kids

Experience

HAVEN

Director of Programs & Services

January 2025-Present

- Oversees all Direct Services, Shelter, Housing, Prevention & Camp Programs of HAVEN
- Partners with local, regional and statewide organizations to deliver workshops to professionals
- Oversees day-to-day operations of the organization
- Provides Staff with support and opportunities for personal and professional development
- Writes grants and proposals to fund programming and operating costs
- Supervises Program Directors

Education & Training Director

July 2016-December 2024

- Coordinates the marketing and scheduling of all education & training programs
- Develops and delivers programs for parents, teachers and community partners
- Integrates new technologies into programs and presentations
- Partners with local, regional and statewide organizations to deliver workshops to professionals
- Writes grants and proposals to fund programming and operating costs
- Supervises interns, staff and volunteers

Media Power Youth, Manchester, NH

Sept. 2012- June 2016

Education and Training Manager

- Implemented NH Governor's statewide Violence Prevention through Media Literacy initiative
- Trained over 200 teachers to implement media literacy programming in their classrooms
- Coordinated the marketing and scheduling of all programs and trainings
- Developed and delivered media literacy programs for parents, teachers and students across the state
- Integrated new technologies into programs and presentations
- Designed an online course
- Partnered with local, regional and statewide organizations to deliver workshops to youth
- Wrote grants and proposals to fund programming and operating costs
- Developed partnerships with appropriate private, public and state entities to secure funding and opportunities for Media Power Youth programming
- Supervised interns, staff and volunteers

Sexual Assault Support Services, Portsmouth, NH

Sept. 2001-Sept. 2012

Educator

- Delivered age appropriate programs to over 100,000 elementary, middle and high school students
- Used multiple forms of media/technology to enhance school presentations
- Developed evidence and research based middle & high school violence prevention curriculum
- Developed evidence and research based elementary Personal Body Safety curriculum

- Developed statewide assessment tool for violence prevention programs
- Trained and supervised interns, volunteers and education staff
- Scheduled, coordinated and evaluated school programs
- Conducted teacher, staff and parent trainings at schools and conferences
- Presented media literacy workshops at state, regional and national conferences
- Wrote and performed Personal Body Safety puppet shows

OTHER EXPERIENCE & SKILLS

Educational Theatre, Acting/Singing, Theatre Instruction/Directing/Technical theatre , Songwriting, Playwriting, Girl Scouts, Pi Lambda Theta (National Honor Society in Education), Mensa