

Lori A. Weaver
Commissioner

Iain N. Watt
Director

126 - 6/3/26

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

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964 www.dhhs.nh.gov

March 13, 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 of Public Health, to amend an existing contract with the Foundation for Healthy Communities (VC# 154533-B001), Concord, NH, to continue serving as the Administrative Lead Organization for the statewide Health Care Coalition for emergency preparedness, response, and recovery by exercising a contract renewal option, by increasing the price limitation by \$1,230,000 from \$6,941,809 to \$8,171,809 and by extending the completion date from June 30, 2026 to June 30, 2028, effective July 1, 2026, upon Governor and Council approval. 100% Federal Funds.

The original contract was approved by Governor and Council on June 29, 2022, Item #32 and amended on January 18, 2023, Late Item B; June 26, 2024, Item #40; and most recently amended on December 18, 2024, Item #29.

Funds are available in the following accounts in 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.

See attached fiscal details.

EXPLANATION

The purpose of this request is to exercise a contract renewal option for the Contractor to continue serving as the Administrative Lead Organization for the statewide Health Care Coalition (HCC). The Contractor functions as the single, statewide coalition supporting healthcare entities to prepare for, mitigate, respond to, and recover from all hazards, emergencies, and disasters. The Health Care Coalition is comprised of members from across the health care spectrum including hospitals and hospital-based health systems, emergency medical services, long-term care facilities, primary care and specialty practices, behavioral and substance use disorders providers, state and local emergency management, and public health officials. The federal Administration for Strategic Preparedness and Response (ASPR) requires that New Hampshire maintain a Health Care Coalition as a condition of receiving the Hospital Preparedness Program (HPP) grant. This grant is essential to maintaining key preparedness and response staff within the Department who work closely with the Health Care Coalition and its members to prepare for, respond to, and recover from public health and healthcare emergencies.

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

The Contractor will continue supporting the healthcare sector's emergency planning and response capability by providing training and technical assistance to HCC members, supporting the Department in coordinating healthcare system preparedness and planning activities, developing medical surge response plans, and assisting with coordinating healthcare responses during emergencies. The Contractor will continue providing N95 fit testing to healthcare staff and public health and healthcare volunteers, which is required to recruit and retain a qualified workforce of Medical Reserve Corp (MRC) volunteers. The MRC deploys medical volunteers into healthcare settings when patient volumes exceed normal levels and to activities such as infectious disease outbreak response. Additionally, the Contractor will continue purchasing equipment that is stored regionally to support the healthcare system's ability to respond to special pathogens exposures.

The Department will continue to monitor Contractor services through:

- Tracking and assessing contract performance measures, as required by the Centers for Disease Control and Prevention (CDC) Assistant Secretary for Preparedness and Response (ASPR).
- Monitoring equipment purchases.
- Monthly leadership team meetings with the Contractor.

As referenced in Exhibit A of the original agreement, the parties have the option to extend the agreement for up to four (4) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Executive Council approval. The Department is exercising its option to renew services for the remaining two (2) years available.

Should the Governor and Council not authorize this request, the Department will not have resources to enhance healthcare partners' ability to prepare for, respond to, and recover from emergencies, which may prevent the availability of quality, timely, and appropriate health care access for individuals statewide during emergency events.

Area served: Statewide.

Source of Federal Funds: Assistance Listing Number 93.889, FAIN U3REP240773.

Respectfully submitted,



for:

Lori A. Weaver
Commissioner

Fiscal Details

RFA-2023-DPHS-01-HEALT-01-A04
Foundation for Healthy Communities

05-95-94-940010-2465 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: NEW HAMPSHIRE HOSPITAL, ARPA DHHS FISCAL RECOVERY FUND
 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	103-502507	Contracts for Op Svc	00FRF602PH9534A	\$1,900,000	\$0	\$1,900,000
			Subtotal	\$1,900,000	\$0	\$1,900,000

05-95-90-903010-2643 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU LABORATORY SERVICES, ARP ELC STRIKE TM PROJ
 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	102-500731	Contracts for Prog Svc	90183556	\$1,170,950	\$0	\$1,170,950
2023	102-500731	Contracts for Prog Svc	90183557	\$1,122,486	\$0	\$1,122,486
			Subtotal	\$2,293,436	\$0	\$2,293,436

05-95-90-903510-1113 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY, HOSPITAL PREPAREDNESS
 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2023	102-500731	Contracts for Prog Svc	90077700	\$615,000	\$0	\$615,000
2024	074-500589	Grants for Pub Asst and Relief	90077700	\$615,000	\$0	\$615,000
2025	074-500589	Grants for Pub Asst and Relief	90077700	\$692,035	\$0	\$692,035
2025	074-500589	Grants for Pub Asst and Relief	90077705	\$40,338	\$0	\$40,338
2026	074-500589	Grants for Pub Asst and Relief	90077700	\$615,000	\$0	\$615,000
2027	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$615,000	\$615,000
2028	074-500589	Grants for Pub Asst and Relief	90077700	\$0	\$615,000	\$615,000
			Subtotal	\$2,577,373	\$1,230,000	\$3,807,373

05-95-90-903510-4302 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY, MRC STRONG VOL PRG
 100% FEDERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2025	102-500731	Contracts for Prog Svc	90077740	\$26,000	\$0	\$26,000
			Subtotal	\$26,000	\$0	\$26,000

05-95-90-903510-1114 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY, PH EMERGENCY PREPAREDNESS
 69% FEDERAL FUNDS 31% GENERAL FUNDS

State Fiscal Year	Class / Account	Class Title	Job Number	Current Amount	Increase (Decrease)	Revised Amount
2025	074-500589	Grants for Pub Asst and Relief	90077435	\$145,000	\$0	\$145,000
			Subtotal	\$145,000	\$0	\$145,000

Grand Total	\$6,941,809	\$1,230,000	\$8,171,809
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**State of New Hampshire
Department of Health and Human Services
Amendment #4**

This Amendment to the Administrative Lead Organization for Emergency Preparedness, Response, and Recovery Healthcare Coalition contract is by and between the State of New Hampshire, Department of Health and Human Services ("State" or "Department") and Foundation for Healthy Communities ("the Contractor").

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 29, 2022 (Item #32), as amended on January 18, 2023 (Late Item B); June 26, 2024 (Item #40); and as most recently amended on December 18, 2024 (Item #29), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended 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:
\$8,171,809
3. Modify Exhibit A, Revisions to Standard Provisions, by adding Subsection 1.4., to read:
 - 1.4 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 C, Payment Terms, Section 1, to read:
 1. This Agreement is funded by:
 - 1.1. 99.4% Federal Funds:
 - 1.1.1. The Hospital Preparedness Program (HPP), as awarded on June 9, 2024, by the U.S. Department of Health and Human Services, Assistant Secretary for Preparedness & Response (ASPR), ALN 93.889, FAIN U3REP190580; and as awarded on June 26, 2025 and (date TBD), FAIN U3REP240773.
 - 1.1.2. The ELC Strike Team Long Term Care & Skilled Nursing Facility, as awarded on October 26, 2021, by the Centers for Disease Control and Prevention, ALN 93.323, FAIN NU50CK000522.
 - 1.1.3. American Rescue Plan Act of 2021, as awarded on November 4, 2021, by the Department of Treasury, ALN 21.027, FAIN 4516DRNHP00000001.

1.1.4. Investing in New Hampshire's MRC Volunteers, as awarded on June 1, 2023, ALN #93.008, FAIN #U3REP230690.

1.1.5. NH Public Health Emergency Preparedness, as awarded on July 1, 2024, by the Centers for Disease Control and Prevention, ALN 93.069, FAIN NU90TP922018.

1.2. 0.6% General Funds.

5. Modify Exhibit C, Payment Terms, Section 2, by adding Subsection 2.3., to read:

2.3. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).

6. 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-9, Budget – Amendment #4.

7. Add Exhibit C-8 Budget – Amendment #4, which is attached hereto and incorporated by reference herein.

8. Add Exhibit C-9 Budget – Amendment #4, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments 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

3/18/2026

Date

DocuSigned by:
Iain Watt

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Name: Iain Watt
Title: Director - DPH

Foundation for Healthy Communities

3/13/2026

Date

Signed by:
Peter Ames

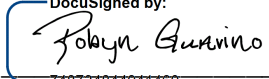
53C228F07B1F440...
Name: Peter Ames
Title: Executive Director

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

OFFICE OF THE ATTORNEY GENERAL

3/24/2026

Date

DocuSigned by:


748732847941460
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-8 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	Foundation for Healthy Communities
Budget Request for:	Administrative Lead Organization for Emergency Preparedness, Response,
Budget Period	July 1, 2026 - June 30, 2027
Indirect Cost Rate (if applicable)	15%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$360,000
2. Fringe Benefits	\$75,000
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.	\$783
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$1,500
6. Travel	\$16,550
7. Software	\$12,350
8. (a) Other - Marketing/ Communications	\$29,500
8. (b) Other - Education and Training	\$2,000
8. (c) Other - Other (specify below)	\$0
Rent	\$15,000
Telephone	\$6,300
Postage	\$300
Audit	\$11,500
9. Subrecipient Contracts	\$4,000
Total Direct Costs	\$534,783
Total Indirect Costs	\$80,217
TOTAL	\$615,000

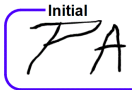
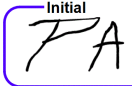
Contractor Initials: 

Exhibit C-9 Budget - Amendment #4

New Hampshire Department of Health and Human Services	
Contractor Name:	Foundation for Healthy Communities
Budget Request for:	Preparedness, Response and Recovery Health Care Coalition
Budget Period	July 1, 2027 - June 30, 2028
Indirect Cost Rate (if applicable)	15%
Line Item	Program Cost - Funded by DHHS
1. Salary & Wages	\$372,000
2. Fringe Benefits	\$75,000
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.	\$733
5.(a) Supplies - Educational	\$0
5.(b) Supplies - Lab	\$0
5.(c) Supplies - Pharmacy	\$0
5.(d) Supplies - Medical	\$0
5.(e) Supplies Office	\$1,500
6. Travel	\$16,000
7. Software	\$8,500
8. (a) Other - Marketing/ Communications	\$24,500
8. (b) Other - Education and Training	\$2,000
8. (c) Other - Other (specify below)	\$0
Rent	\$15,500
Telephone	\$6,600
Postage	\$250
Audit	\$12,000
9. Subrecipient Contracts	\$200
Total Direct Costs	\$534,783
Total Indirect Costs	\$80,217
TOTAL	\$615,000

Contractor Initials: 

State of New Hampshire

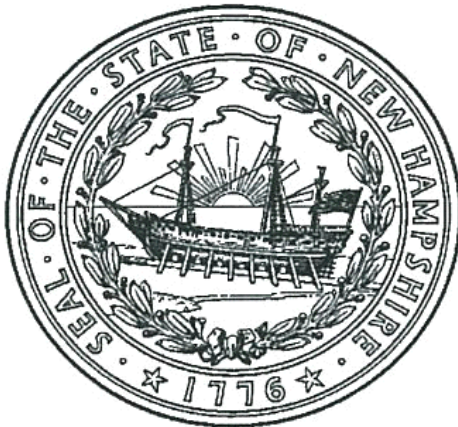
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that FOUNDATION FOR HEALTHY COMMUNITIES is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on October 28, 1968. 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: **63943**

Certificate Number: **0007765132**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of January A.D. 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, Stephen Ahnen, 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 Foundation for Healthy Communities.
(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 October 12th, 2017, at which a quorum of the Directors/shareholders were present and voting.
(Date)

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

is duly authorized on behalf of Foundation for Healthy Communities 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: 3/10/24



Signature of Elected Officer

Name: Stephen Ahnen

Title: President

NONPROFIT COVER SHEET

A. Entity Name: Foundation for Healthy Communities

B. Entity's Contact Information:

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

Name / Phone / Email: Peter Ames / 603-415-4270 / pames@healthynh.org

Person responsible for Accuracy and Completeness of information provided:

Name: Peter Ames

Title: Executive Director

Signature: _____

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>
Colin McHugh (Chair)	President & CEO, Southern New Hampshire Health
Monica Bonica (Vice Chair)	Associate Professor, Health Management and Policy, University of New Hampshire
Stephen Ahnen (Secretary/Treasurer)	President, New Hampshire Hospital Association
Andrew Watt (Immediate Past Chair)	Chief Clinical Integration and Transformation Officer, Southern New Hampshire Health
Peter Ames (ex officio)	Executive Director, Foundation for Healthy Communities
Rob Dapice	Executive Director/CEO, New Hampshire Housing
Cherie Holmes, MD	Assistant Professor of Community and Family Medicine, Dartmouth Geisel School of Medicine
Fuad Kahn, MD, MBA	Sr. Director of Behavioral and Community Health Mass General Brigham, Wentworth-Douglass Hospital
Sally Kraft, MD	Vice President of Population Health, Dartmouth-Hitchcock Health
Lisa Madden, MSW, LICSW	President and CEO, Riverbend Community Mental Health Center Vice President, Behavioral Health, Concord Hospital
Tom Manion, MPA, FACHE	Chief Operation Officer, Dartmouth-Hitchcock Medical Center
Holly McCormack, DNP, RN	Chief Executive Officer, Cottage Hospital
Jennifer Michaleas	Regional Vice President, Healthcare Networks, Anthem
Betsey Rhynhart	Vice President, Population Health, Concord Hospital
Jeremy Roberge, CPA	President & CEO, Huggins Hospital
John Skevington	Chief Executive Officer, Catholic Medical Center

Keliane Totten, M.Ed., MCHES	Chief Executive Officer, Home Care, Hospice & Palliative Care Alliance of NH
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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>
Scott Nichols	SR. Director, GSHCC	\$113,300	100%
Shaylin Lipman	Director, GSHCC	\$87,550	100%
Victoria Paige	Exercise and Training Officer, GSHCC	\$77,446	100%
Dakota Hayes	Health Care Coalition Planner	\$71,710	100%

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>

6182	Foundation for Healthy Communities	125 Airport Road	Concord	NH	03301	G	5/15/2026
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FINANCIAL DISCLOSURES

G. Check one the following:

- [X] 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**
- [] 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

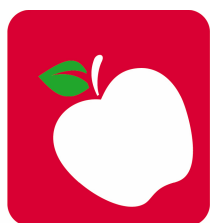
<u>Assets</u>		<u>Liabilities</u>	
<i>Cash & Equivalents</i>	\$	<i>Accounts Payable</i>	\$
<i>Investments</i>	\$	<i>Loans Payable</i>	\$
<i>Real Estate (less any depreciation)</i>	\$	<i>All other liabilities</i>	\$
<i>Other Property & Equipment (less any depreciation)</i>	\$	<u><i>Total Liabilities</i>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



Foundation for Healthy Communities

Mission Statement

The mission of the Foundation for Healthy Communities is to build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care.



Foundation *for*
Healthy Communities

FINANCIAL STATEMENTS

with

SUPPLEMENTARY INFORMATION

and

FEDERAL REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING
STANDARDS AND THE UNIFORM GUIDANCE*

December 31, 2024 and 2023

With Independent Auditor's Report



BDMP Assurance, LLP

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Foundation for Healthy Communities

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Foundation for Healthy Communities (Foundation), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities and changes in net assets, and cash flow for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation as of December 31, 2024, and the changes in its net assets and its cash flow for the year then ended in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Basis for Opinion

We conducted our audit in accordance with U.S. generally accepted auditing standards (U.S. GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Prior Period Financial Statements

The financial statements of the Foundation as of and for the year ended December 31, 2023, were audited by Berry, Dunn, McNeil & Parker, LLC whose report, dated April 29, 2024, expressed an unmodified opinion on those statements.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Board of Trustees
Foundation for Healthy Communities

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with U.S. GAAS and *Government Auditing Standards*, we:

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

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

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards (SEFA), as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and related notes to the SEFA, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Board of Trustees
Foundation for Healthy Communities

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated April 11, 2025 on our consideration of the Foundation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Foundation's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control over financial reporting and compliance.

BMP Assurance, LLP

Portland, Maine
April 11, 2025

FOUNDATION FOR HEALTHY COMMUNITIES

Statements of Financial Position

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Current assets		
Cash and cash equivalents	\$ 1,687,510	\$ 1,565,687
Current portion of grants receivable	903,166	1,209,450
Due from affiliate	87,187	41,927
Prepaid expenses	<u>7,521</u>	<u>10,006</u>
Total current assets	2,685,384	2,827,070
Grants receivable, net	300,000	450,000
Investments	1,249,433	1,084,967
Property and equipment, net	<u>13,564</u>	<u>-</u>
Total assets	<u>\$ 4,248,381</u>	<u>\$ 4,362,037</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable	\$ 630,853	\$ 826,536
Accrued payroll and related amounts	165,079	115,328
Due to affiliate	67,193	106,658
Deferred revenue	<u>11,346</u>	<u>20,324</u>
Total current liabilities and total liabilities	<u>874,471</u>	<u>1,068,846</u>
Net assets		
Without donor restrictions		
Operating	1,497,675	1,516,413
Internally designated	<u>751,700</u>	<u>453,978</u>
Total without donor restrictions	2,249,375	1,970,391
With donor restrictions	<u>1,124,535</u>	<u>1,322,800</u>
Total net assets	<u>3,373,910</u>	<u>3,293,191</u>
Total liabilities and net assets	<u>\$ 4,248,381</u>	<u>\$ 4,362,037</u>

The accompanying notes are an integral part of these financial statements.

FOUNDATION FOR HEALTHY COMMUNITIES
Statement of Activities and Changes in Net Assets
Year Ended December 31, 2024

	Without Donor Restrictions			With Donor Restrictions	Total
	<u>Operating</u>	<u>Internally Designated</u>	<u>Total</u>		
Revenues					
Foundation support	\$ 523,121	\$ -	\$ 523,121	\$ -	\$ 523,121
Program services	7,113,112	-	7,113,112	-	7,113,112
Seminars, meetings and workshops	268,806	-	268,806	-	268,806
Interest and dividend income	48,149	-	48,149	-	48,149
Gifts and donations	20	44,375	44,395	841,228	885,623
Net assets released from restrictions	933,616	105,877	1,039,493	(1,039,493)	-
Net assets transferred from operating to internally designated	(396,000)	396,000	-	-	-
Net assets released from internally designated	<u>248,530</u>	<u>(248,530)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>8,739,354</u>	<u>297,722</u>	<u>9,037,076</u>	<u>(198,265)</u>	<u>8,838,811</u>
Expenses					
Salaries, taxes and benefits	2,177,010	-	2,177,010	-	2,177,010
Other operating	187,670	-	187,670	-	187,670
Program services	6,300,671	-	6,300,671	-	6,300,671
Seminars, meetings and workshops	251,104	-	251,104	-	251,104
Depreciation	<u>4,727</u>	<u>-</u>	<u>4,727</u>	<u>-</u>	<u>4,727</u>
Total expenses	<u>8,921,182</u>	<u>-</u>	<u>8,921,182</u>	<u>-</u>	<u>8,921,182</u>
Change in net assets from operations	(181,828)	297,722	115,894	(198,265)	(82,371)
Net realized and unrealized gain on investments	<u>163,090</u>	<u>-</u>	<u>163,090</u>	<u>-</u>	<u>163,090</u>
Total change in net assets	(18,738)	297,722	278,984	(198,265)	80,719
Net assets, beginning of year	<u>1,516,413</u>	<u>453,978</u>	<u>1,970,391</u>	<u>1,322,800</u>	<u>3,293,191</u>
Net assets, end of year	<u>\$ 1,497,675</u>	<u>\$ 751,700</u>	<u>\$ 2,249,375</u>	<u>\$ 1,124,535</u>	<u>\$ 3,373,910</u>

The accompanying notes are an integral part of these financial statements.

FOUNDATION FOR HEALTHY COMMUNITIES

Statement of Activities and Changes in Net Assets

Year Ended December 31, 2023

	Without Donor Restrictions			With Donor Restrictions	Total
	Operating	Internally Designated	Total		
Revenues					
Foundation support	\$ 503,121	\$ -	\$ 503,121	\$ -	\$ 503,121
Program services	6,089,144	-	6,089,144	-	6,089,144
Seminars, meetings and workshops	232,583	-	232,583	-	232,583
Interest and dividend income	34,870	-	34,870	-	34,870
Gifts and donations	-	195,839	195,839	-	195,839
Grant support	-	-	-	1,706,684	1,706,684
Net assets released from restrictions	650,770	-	650,770	(650,770)	-
Net assets released from internally designated	<u>328,021</u>	<u>(328,021)</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total revenues	<u>7,838,509</u>	<u>(132,182)</u>	<u>7,706,327</u>	<u>1,055,914</u>	<u>8,762,241</u>
Expenses					
Salaries, taxes and benefits	1,858,886	-	1,858,886	-	1,858,886
Other operating	158,890	-	158,890	-	158,890
Program services	5,328,029	-	5,328,029	-	5,328,029
Seminars, meetings and workshops	<u>255,471</u>	<u>-</u>	<u>255,471</u>	<u>-</u>	<u>255,471</u>
Total expenses	<u>7,601,276</u>	<u>-</u>	<u>7,601,276</u>	<u>-</u>	<u>7,601,276</u>
Change in net assets from operations	237,233	(132,182)	105,051	1,055,914	1,160,965
Net realized and unrealized gain on investments	<u>161,333</u>	<u>-</u>	<u>161,333</u>	<u>-</u>	<u>161,333</u>
Total change in net assets	398,566	(132,182)	266,384	1,055,914	1,322,298
Net assets, beginning of year	<u>1,117,847</u>	<u>586,160</u>	<u>1,704,007</u>	<u>266,886</u>	<u>1,970,893</u>
Net assets, end of year	<u>\$ 1,516,413</u>	<u>\$ 453,978</u>	<u>\$ 1,970,391</u>	<u>\$ 1,322,800</u>	<u>\$ 3,293,191</u>

The accompanying notes are an integral part of these financial statements.

FOUNDATION FOR HEALTHY COMMUNITIES

Statements of Cash Flows

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Cash flows from operating activities		
Change in net assets	\$ 80,719	\$ 1,322,298
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	4,727	-
Net realized and unrealized gain on investments	(163,090)	(161,333)
Change in operating assets and liabilities		
Grants receivable	456,284	(571,390)
Due from affiliate	(45,260)	86,203
Prepaid expenses	2,485	444
Accounts payable	(195,683)	200,635
Accrued payroll and related amounts	49,751	536
Due to affiliate	(39,465)	42,674
Deferred revenue	(8,978)	11,381
	<u>141,490</u>	<u>931,448</u>
Net cash provided by operating activities		
Cash flows from investing activities		
Acquisition of equipment	(18,291)	-
Purchase of investments	(303,052)	(182,524)
Proceeds from sale of investments	<u>301,676</u>	<u>153,352</u>
	<u>(19,667)</u>	<u>(29,172)</u>
Net cash used by investing activities		
Net increase in cash and cash equivalents	121,823	902,276
Cash and cash equivalents, beginning of year	<u>1,565,687</u>	<u>663,411</u>
Cash and cash equivalents, end of year	<u>\$ 1,687,510</u>	<u>\$ 1,565,687</u>

The accompanying notes are an integral part of these financial statements.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

Organization

Foundation for Healthy Communities (Foundation) was formed to create partnerships that improve health and health care for all throughout the state by focusing on a number of initiatives, such as quality and patient safety, substance use, behavioral health and diversity, equity and inclusion. The Foundation is controlled by New Hampshire Hospital Association (Association) whose purpose is to assist its members in improving the health status of the people receiving healthcare in New Hampshire.

1. Summary of Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Basis of Presentation

Net assets and revenues, expenses, gains, and losses are classified as follows based on existence or absence of donor-imposed restrictions.

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Foundation. These net assets may be used at the discretion of the Foundation's management and the Board of Trustees.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Foundation or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity. At December 31, 2024 and 2023, the Foundation did not have any funds to be maintained in perpetuity.

Cash and Cash Equivalents

For purposes of reporting in the statements of cash flows, the Foundation considers all bank deposits with an original maturity of three months or less to be cash equivalents.

From time-to-time, the Foundation's total cash deposits exceed the federally insured limit. The Foundation has not incurred any losses and does not expect any in the future.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the statements of financial position. Interest and dividends are included in the changes in net assets from operations.

Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the statements of financial position.

Employee Fringe Benefits

The Foundation has an "earned time" plan under which each employee earns paid leave for each period worked. These hours of paid leave may be used for vacation or illnesses. Hours earned but not used are vested with the employee and may not exceed 30 days at year-end. The Foundation accrues a liability for such paid leave as it is earned.

Grants and Contributions

Grants awarded and contributions received in advance of expenditures are reported as support with donor restrictions if they are received with stipulations that limit the use of the grants or contributions. When a grant or contribution restriction expires, that is, when a stipulated time restriction ends or a purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions. Grant funds awarded for which restrictions have been met in the year of award are reported in the statements of activities and changes in net assets in program services revenues.

In certain cases, if there are unused grant funds when restrictions expire, the Foundation seeks authorization from the grantor to retain and repurpose those funds. If approved, the Board of Trustees or management internally designates the funds for future use. These funds are reclassified to net assets without donor restrictions and reported as net assets released from restrictions.

Grants that are conditional (i.e., those requiring specific barriers to be overcome, such as incurring qualifying expenses or meeting matching requirements) are not recognized as revenue until the conditions have been substantially met. The amount of such funds the Foundation will ultimately receive depends on the actual scope of each program, as well as the availability of funds. The ultimate disposition of grant funds is subject to audit by the awarding agencies.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

The program services revenue includes primarily grants awarded to the Foundation to improve health and health care for all throughout the state of New Hampshire. The Foundation contracts with federal and state governments and private organizations to provide goods and services to beneficiaries. Contracts are awarded to the Foundation to fund operations of individual programs over specific time periods.

As of December 31, 2024 and 2023, the Foundation's grant receivable is from one unconditional grant awarded by a private foundation. Additionally, as of December 31, 2024, the Foundation has been awarded conditional governmental multi-year awards totaling \$3,622,040. These funds are to be expended as services are provided under the respective contracts and are subject to the availability of funding. The multi-year awards are scheduled to expire in September 2029.

Contributions of long-lived assets, or of cash restricted to acquire such assets, are reported as support with donor restrictions if donor stipulations exist. In the absence of explicit donor stipulations regarding how long such assets must be maintained, donor restrictions are considered satisfied when the assets are placed in service. Contributions of long-lived assets without donor restrictions are reported as support without donor restrictions.

Change in Net Assets from Operations

The statements of activities and changes in net assets includes a measure of change in net assets from operations. Changes in net assets which are excluded from this measure consist of the realized and unrealized gains on investments.

Income Taxes

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from income taxes on related income pursuant to Section 501(a) of the Code.

Subsequent Events

For purposes of the preparation of these financial statements in conformity with U.S. GAAP, the Foundation has considered transactions or events occurring through April 11, 2025, which was the date that the financial statements were available to be issued.

2. Availability and Liquidity of Financial Assets

The Foundation regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Foundation considers all expenditures related to its ongoing activities and general and administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

In addition to financial assets available to meet general expenditures over the next 12 months, the Foundation operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

The following financial assets could readily be available within one year of the statements of financial position date to meet general expenditure at December 31:

	<u>2024</u>	<u>2023</u>
Financial assets		
Cash and cash equivalents	\$ 1,687,510	\$ 1,565,687
Grants receivable	1,203,166	1,659,450
Due from affiliate	87,187	41,927
Investments	1,249,433	1,084,967
Internally designated funds	(751,700)	(453,978)
Donor restricted funds	<u>(1,124,535)</u>	<u>(1,322,800)</u>
Financial assets available at year end for current use to meet general expenditures	<u>\$ 2,351,061</u>	<u>\$ 2,575,253</u>

At December 31, 2024 and 2023, internally designated net assets represent unused grant funds to be used for other unspecified projects by management over the next 12 months. The internally designated net assets are included in cash and cash equivalents and grants receivable.

3. Investments and Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value, establishes a framework for measuring fair value in accordance with U.S. GAAP, and expands disclosures about fair value measurements.

FASB ASC Topic 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The Foundation's investments are measured at fair value on a recurring basis and are considered Level 1.

The composition of investments as of December 31 is set forth in the following table. Investments are stated at fair value.

	<u>2024</u>	<u>2023</u>
Marketable equity securities	\$ 263,693	\$ 202,782
Mutual funds	<u>985,740</u>	<u>882,185</u>
	<u>\$ 1,249,433</u>	<u>\$ 1,084,967</u>

4. Property and Equipment

Property and equipment is summarized as follows as of December 31:

	<u>2024</u>	<u>2023</u>
Leasehold improvements	\$ 1,118	\$ 1,118
Furniture and equipment	<u>165,717</u>	<u>147,427</u>
	166,835	148,545
Less accumulated depreciation	<u>153,271</u>	<u>148,545</u>
Property and equipment, net	<u>\$ 13,564</u>	<u>\$ -</u>

5. Net Assets

Net assets with donor restrictions of \$1,124,535 and \$1,322,800 consisted of specific grant programs as of December 31, 2024 and 2023, respectively. The grant programs relate to improvements to access and the delivery of healthcare services.

6. Related Party Transactions

The Foundation leases space from the Association on a month to month basis. Rental expense under this lease for the years ended December 31, 2024 and 2023 was \$65,191 and \$55,300, respectively.

The Association provides various accounting, public relation and janitorial services to the Foundation. The amount expensed for these services in 2024 and 2023 was \$235,263 and \$218,816, respectively. In addition, the Association bills the Foundation for its allocation of shared costs. As of December 31, 2024 and 2023, the Foundation owed the Association \$67,193 and \$106,658, respectively, for services and products provided by the Association.

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to Financial Statements

December 31, 2024 and 2023

The Association owed the Foundation \$87,187 and \$41,927 as of December 31, 2024 and 2023, respectively, for support allocated to the Foundation. For the years ended December 31, 2024 and 2023, the Foundation received support from the Association in the amount of \$523,121 and \$503,121 and is included in foundation support in the statement of activities and changes in net assets.

7. Retirement Plan

The Foundation participates in the Association's 401(k) profit-sharing plan, which covers substantially all employees and allows for employee contributions of up to the maximum allowed under Internal Revenue Service regulations. Employer contributions are discretionary and are determined annually by the Foundation. Retirement plan expense for 2024 and 2023 was \$76,660 and \$62,449, respectively.

8. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses allocated include salaries and related taxes, allocated based on the estimated time utilized on programs, and insurance and depreciation, allocated based on the estimated square footage of the total building.

Expenses by function and natural classification are as follows:

	<u>2024</u>	<u>2023</u>
Program		
Salaries and related taxes	\$ 1,650,790	\$ 1,462,409
Office supplies and other	924,628	276,918
Occupancy	62,298	51,402
Subrecipients	4,210,583	2,978,175
Subcontractors	1,210,851	2,111,111
Seminars, meetings and workshops	290,149	286,216
Insurance	3,158	3,292
Depreciation	<u>4,727</u>	<u>-</u>
Total program	<u>8,357,184</u>	<u>7,169,523</u>
General and administrative		
Salaries and related taxes	526,220	396,477
Office supplies and other	5,081	5,002
Occupancy	30,594	28,080
Insurance	<u>2,103</u>	<u>2,194</u>
Total general and administrative	<u>563,998</u>	<u>431,753</u>
	<u>\$ 8,921,182</u>	<u>\$ 7,601,276</u>

SUPPLEMENTARY INFORMATION

FOUNDATION FOR HEALTHY COMMUNITIES

Schedule of Expenditures of Federal Awards

Year Ended December 31, 2024

<u>Federal Program</u>	<u>Federal AL Number</u>	<u>Pass-Through Entity Identifying Number</u>	<u>Passed Through to Subrecipients</u>	<u>Federal Expenditures</u>
U.S. Department of Commerce				
Direct programs:				
Regional Technology and Innovation Hubs	11.039		\$ _____ -	\$ _____ 1,400
Total U.S. Department of Commerce			_____ -	_____ 1,400
U.S. Department of Health and Human Services				
Pass-through programs:				
State of New Hampshire Department of Health and Human Services				
State Rural Hospital Flexibility Program	93.241	05-95-90- 902010-2218	-	156,370
Immunization Cooperative Agreements	93.268	05-95-90- 902510-2495	1,106,342	1,424,285
Small Rural Hospital Improvement Grant Program	93.301	05-95-90- 901010-2219	-	105,463
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	95-90-903010- 2643	-	1,223,139
Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges	93.332	NAVCMS2404 72-01-00	117,868	354,954
Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391	05-95-90- 901010-5771	687,623	732,785
National Bioterrorism Hospital Preparedness Program	93.889	95-90-902510- 1113	-	591,647
Block Grants for Prevention and Treatment of Substance Abuse	93.959	Various	35,391	44,432
State Opioid Response Grants (STR)	93.788	05-95-920510- 70400000	<u>1,566,197</u>	<u>1,848,994</u>
Total U.S. Department of Health and Human Services			<u>3,513,421</u>	<u>6,482,069</u>
Total expenditures of federal awards			<u>\$ 3,513,421</u>	<u>\$ 6,483,469</u>

See accompanying notes to the schedule of expenditures of federal awards

FOUNDATION FOR HEALTHY COMMUNITIES

Notes to the Schedule of Expenditures of Federal Awards

Year Ended December 31, 2024

1. **Basis of Presentation**

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal awards activity of Foundation for Healthy Communities (Foundation) under programs of the federal government for the year ended December 31, 2024. The information in the Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Foundation, it is not intended to and does not present the financial position, changes in net assets or cash flows of the Foundation.

2. **Summary of Significant Accounting Policies**

Expenditures reported in the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

3. **Indirect Cost Rate**

For federal awards issued prior to October 1, 2024, a 10% de minimis rate is applied to the direct costs of awards that do not have an established indirect cost rate. For awards issued on or after October 1, 2024, the de minimis rate has been increased to 15%.



BDMP Assurance, LLP

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE AND
OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS
PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

Board of Trustees
Foundation for Healthy Communities

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Foundation for Healthy Communities (Foundation), which comprise the statement of financial position as of December 31, 2024, and the related statements of activities and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated April 11, 2025.

Report on Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Foundation's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control. Accordingly, we do not express an opinion on the effectiveness of the Foundation's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the Foundation's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Board of Trustees
Foundation for Healthy Communities

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Foundation's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Foundation's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Foundation's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BMP Assurance, LLP

Portland, Maine
April 11, 2025



BDMP Assurance, LLP

**INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE
FOR EACH MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE**

Board of Trustees
Foundation for Healthy Communities

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Foundation for Healthy Communities' (Foundation) compliance with the types of compliance requirements identified as subject to audit in the Office of Management and Budget *Compliance Supplement* that could have a direct and material effect on each major federal program for the year ended December 31, 2024. The Foundation's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Foundation complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each major federal program for the year ended December 31, 2024.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards (U.S. GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Foundation and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Foundation's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, regulations, rules, and provisions of contracts or grant agreements applicable to the Foundation's federal programs.

Board of Trustees
Foundation for Healthy Communities

Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Foundation's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with U.S. GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Foundation's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with U.S. GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Foundation's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Foundation's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control over Compliance

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Board of Trustees
Foundation for Healthy Communities

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

BDMP Assurance, LLP

Portland, Maine
April 11, 2025

FOUNDATION FOR HEALTHY COMMUNITIES

Schedule of Findings and Questioned Costs

Year Ended December 31, 2024

Section I. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	Unmodified		
Internal control over financial reporting:			
Material weakness(es) identified?	_____ yes	___x___ no	
Significant deficiency(ies) identified not considered to be material weaknesses?	_____ yes	___x___ none reported	
Noncompliance material to financial statements noted?	_____ yes	___x___ no	

Federal Awards

Internal control over major programs:			
Material weakness(es) identified?	_____ yes	___x___ no	
Significant deficiency(ies) identified not considered to be material weaknesses?	_____ yes	___x___ none reported	
Type of auditor's report issued on compliance for major programs:	Unmodified		
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	_____ yes	___x___ no	

Identification of Major Programs

<u>AL Number(s)</u>	<u>Name of Federal Program or Cluster</u>
93.323	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)
93.788	State Opioid Response Grants (STR)

Dollar threshold used to distinguish between Type A and Type B programs:	\$750,000
Auditee qualified as low-risk auditee?	_____ yes ___x___ no

FOUNDATION FOR HEALTHY COMMUNITIES

Schedule of Findings and Questioned Costs (Concluded)

Year Ended December 31, 2024

Section II. Findings Relating to the Financial Statements Which are Required to be Reported in Accordance with Government Auditing Standards

None noted

Section III. Findings and Questioned Costs for Federal Awards

None noted

FOUNDATION FOR HEALTHY COMMUNITIES

Summary Schedule of Prior Year Audit Findings

Year Ended December 31, 2024

Section I. Prior Year Findings Relating to the Financial Statements Which are Required to be Reported in Accordance with Government Auditing Standards

Finding Number: 2023-001

Condition Found: During our audit, it was discovered the Foundation had been awarded a \$1,000,000 unconditional grant to be received over five years. The Foundation recorded the amount received in 2023 as grant support. The Foundation did not record the remaining future payments expected to be received as grant support during the year ended December 31, 2023.

Recommendation: We recommended the Foundation analyze all grants awarded to determine whether or not there are conditions included in the grant agreements that would limit the Foundation's ability to recognize the full amount of the grant award.

Current Status: Resolved.

Section II. Prior Year Findings and Questioned Costs for Federal Awards

None noted



J. SCOTT NICHOLS



PROFESSIONAL SUMMARY

Talented Director with a diverse background and experience in the fields of grant management, personnel management, creative problem solving, background investigations, interviews, and regulatory compliance.

SKILLS

- Leadership
- Training Development
- Qualitative Analysis
- Strategic Planning
- Project Management
- Policy Development
- Personnel Mentoring and Development
- Negotiation Skills

EXPERIENCE

Director, Granite State Health Care Coalition, Dec 2017 - Current

- Build, implement, and manage a statewide non-profit healthcare coalition to build readiness, and resilience across the healthcare continuum for all-hazard emergencies.
- Direct support to State Emergency Support Function 8-Health and Medical during response.
- Help, educate, and aid healthcare entities in maintaining their Centers for Medicaid and Medicare Services and State of New Hampshire licensing certification requirements.
- Establish, manage, and facilitate workgroups, peer support groups, and focus groups to address healthcare concerns and areas for improvement.
- Track and manage grant deliverables working within a specific budget while responding to real-life events.
- Mentor, coach, and supervise health care coalition staff.
- Ensure statewide hospitals on-going compliance with federal and state metric mandates and requests from The White House and CMS.
- Build and sustain coalition membership through active engagement and providing value by addressing unmet needs and assisting with ever changing regulations.
- State Administrator in Healthcare Information Management System commonly known as Juvare which allows situational awareness across hospitals, healthcare, and New Hampshire Department of Health and Human Services.
- Developed and maintained an COVID-19 Respite and Quarantine emergency housing program for healthcare, first responders, and people experiencing homelessness.
- Ensure consideration of vulnerable populations in state and agency plan writing and exercises.

Emergency Management Trainer, NH Homeland Security and Emergency Management, Aug 2015 - Dec 2017

- Conduct, write, and present comprehensive security assessment reports.
- Assist schools with individual All-Hazards Emergency Operations Plans through development and technical assistance as needed.
- Collaborate with School and SAU staff to develop policies and procedures to enhance response readiness and address mitigation efforts for technological, natural, and human caused events.
- Assist schools and SAU's with a hazard vulnerability analysis to determine the greatest threats.

- Conduct, build, and evaluate utilizing Homeland Security Exercise and Evaluation Program approved methods customized training programs and exercises for public safety, schools, bus drivers, and businesses.
- Orchestrate, manage, and present at conferences as subject matter expert on plan writing and security concepts.

Regional Catastrophic Planner, City of Boston Mayor's Office of Emergency Management, Sep 2011 - Jul 2015

- Responsible for federal grant deliverables and compliance as well as Lead for numerous projects involving both governmental and non-governmental agencies.
- Wrote governance and facilitated a Regional Mass Care Working group with the six New England States to help them communicate and develop processes to address needs and share resources during a mass care response focusing on vulnerable populations.
- Project Lead or Co-Lead for New England regional plans for Mass Care and Sheltering, Disaster Housing, Evacuation, Cyber Disruption Response, Commodities Distribution, and All-Hazards Response.
- NH Project Manager for a statewide emergency preparedness campaign which included television and radios ads. As part of this project, we updated the ReadyNH.gov website and changed the logos and branding.
- Developed Requests for Proposals (RFP's) for projects, conducted contractor interviews, set deadlines, and tracked expenses.
- Conducted briefings and meetings with federal, state, and local governmental and non-governmental agencies on project development, expense, and deadline tracking.

Police Lieutenant, Concord New Hampshire Police Department, Dec 1988 - Jul 2011

- Developed, administered, and evaluated public health and emergency preparedness plans and drills for governmental and non-governmental agencies.
- Responsible for the supervision, development, mentoring, and motivation of first line supervisors.
- Mediation of personnel issues including discipline, receiving and investigation of citizen complaints.
- Grant writing, grant compliance and tracking. Researching and administration of grants.
- Statistical crime and analytical analysis to include crime forecasting and trending.
- Policy writing and budget preparation.
- Deputy Project Manager in a multi-million dollar building renovation coordinating contractors for a new dispatch center and the implementation of a new phone system.
- Developed design build Request for Proposals using competitive bid process.
- Original member of the Capital Area Public Health Network and Regional Coordinating Committee.
- Co-authored statewide Smallpox response plan in 2004.

EDUCATION

MBA, Leadership

Franklin Pierce College

BS, Business Management

Franklin Pierce College

Awards and Volunteer Work

2023 Bi-State Primary Care Recipient of the New Hampshire Public Service Award

NH Highland Games (Volunteer)

Miss TEEN NH (Volunteer)

SHAYLIN M. LIPMAN

PROFESSIONAL EXPERIENCE

Foundation for Healthy Communities, Granite State Health Care Coalition- Concord, NH

Director- January 2025-Present

- Lead statewide emergency preparedness coalition.
- Supervise, mentor, and coach two Coalition employees (Exercise and Training Officer and Planner), including conducting goal setting and evaluations.
- Responsible for managing and working with staff to implement healthcare coalition requirements.
- Conduct all project management objectives and leadership relative to HHS Hospital Preparedness Program (HPP) grant contract.
- Work with Senior Director on project management including budgeting and deliverable forecasting.
- Provide strategic and operational guidance to partners, leadership team, and state officials on health care emergency preparedness planning, response, and recovery.
- Continuing to conduct all responsibilities listed under "Program Coordinator" role below.

Program Coordinator- January 2018-December 2024

- Works with HCC Senior Director and staff to monitor implementation of HCC contract including keeping abreast of federal and state requirements.
- Provides technical assistance to HCC members and partners.
- Maintains accurate and up-to-date contact information for HCC membership.
- Composes HCC plans and annexes in collaboration with subject matter experts and partners.
- Prepares and distributes meeting announcements, agendas, minutes and correspondence for a variety of groups as needed.
- Works with subcontractors/vendors as needed.
- Manages all tasks related to the project including internal and external financial and program reporting requirements.
- Establishes and maintains timely communication and education with all project stakeholders including newsletters and other information dissemination.
- Organizes all GSHCC Annual Meeting and GSHCC Conference Logistics.

Worcester Division of Public Health, Department of Health and Human Services- Worcester, MA

Regional Hospital Coordinator- October 2016-January 2018

- Provided technical assistance to Region 2 Health and Medical Coordinating Coalition (HMCC) members with a primary focus on hospitals and healthcare organizations.
- Served as liaison between the Massachusetts Department of Public Health (MDPH) and the ten hospitals, and additional healthcare facilities, located within the Region.
- Served as 24/7 Duty Officer and emergency contact for Central Massachusetts Regional Public Health Alliance (CMRPHA) as well as all healthcare facilities in the Region.
- Attended all emergency preparedness meetings, trainings, and exercises throughout the region and the state as required.
- Coordinates and facilitates all Healthcare Emergency Management Committee Meetings, including preparing meeting agendas and distributing meeting minutes.
- Monitored and ensured completion of Hospital Preparedness Program (HPP) grant requirements and deliverables including creating the work plan and budget.
- Supported regional health and medical emergency preparedness planning initiatives.
- Supported hospitals and healthcare facilities as required during disasters and public health emergencies including disseminating timely situational awareness statements and collecting pertinent facility operational status updates.
- Performed site visits to hospitals to ensure emergency plans and policies aligned with state and federal guidelines.

- Built and maintained relationships with local and state partners.
- Completed 2017 Regional Hospital Hazard Vulnerability Analysis (HVA).
- Composed and amended the Worcester Division of Public Health/CMRPHA Emergency Operations Plan.

Big Brothers Big Sisters of New Hampshire- Nashua, NH

Enrollment and Matching Supervisor- April 2015-October 2016

- Interviewed, assessed, and evaluated volunteer eligibility with child safety as top priority in the Big Brothers Big Sisters mentoring program.
- Coordinated and led volunteer group trainings pertaining to guidelines, rules, and child safety.
- Coordinated background check processes for potential volunteers.

Citizen Schools- Boston, MA

Human Resources Assistant/Emergency Management Contractor- December 2012-March 2015

- Composed regional, nationwide, and local Emergency Operation Plans for Citizen Schools.
- Led assessment, audit, and evaluation of current partner school Emergency Action Plans for twenty-nine schools in seven states across the nation.
- Managed all filing systems and various online databases.

Psychological First-Aid Trainer for City Year New York- New York, NY- August 2013-December 2013

- Trained over 250 AmeriCorps City Year members working with New York City youth post Hurricane Sandy on coping strategies and trauma response in schools.

Riverside Community Care- Needham, MA

Crisis Counselor, Crisis Counseling Assistance and Training Program Grant- August 2011-July 2012

- Outreached to survivors beginning three months after the Federally declared June 1, 2011 tornado.
- Provided affected families and individuals with referrals to resources, coping skills, and disaster preparedness and stress management information.
- Created and delivered disaster preparedness, wellness and stress management presentations to multiple community groups.
- Co-lead local media campaign designed to reach thousands of tornado survivors.
- Member of Pathway to Renewal Long Term Recovery Group assisting tornado survivors with unmet needs.

Riverside Community Care, Needham, MA

Team Leader/Crisis Counselor, Crisis Counseling Assistance and Training Program Grant- August 2010-April 2011

- Co-created statewide disaster recovery program in response to the Federally declared March 2010 floods.
- Managed team of three crisis counselors and one administrative assistant.
- Provided outreach and disaster preparedness presentations to hundreds of flood survivors in Norfolk, Essex and Worcester Counties.
- Member of Northern MA Long Term Recovery Group assisting dozens of flood survivors with unmet needs.

Family Service, Inc.- Lawrence, MA

AmeriCorps Ambassador of Mentoring, Big Friends Little Friends- August 2009-July 2010

- Matched caring adults with local youth facing adversity in a mentoring relationship.
- Trained volunteers and parents on program guidelines, procedures, and safety.

American Red Cross- NH Gateway Chapter- Nashua, NH

AmeriCorps *Vista Member- August 2008-August 2009

- Served in the Disaster Services Department assisting the Disaster Services Director with all disaster operations by supporting citizens through the response and recovery phase of disasters.
- Deployed to Houston, Texas in September of 2008 to assist with mass care in mega shelters during Hurricane Ike.
- Managed a local shelter for three days during the 2008 Ice Storm supervising a group of twenty volunteers and one hundred citizens.
- Created and led various trainings for the Disaster Action Team.

New Hampshire Division of Homeland Security and Emergency Management- Concord, NH

Intern- May 2006-August 2006

- Full time internship assisting preparedness, response and recovery functions at the New Hampshire Division of Homeland Security and Emergency Management.
- Assisted with community outreach efforts during the Emergency Operation Center activation during the Spring 2006 floods.

EDUCATION

Master of Science, Anna Maria College, 2014

Emergency Management, GPA: 4.0

Bachelor of Arts, Keene State College, 2008

U.S. History Major, Sociology Minor, GPA: 3.48

CERTIFICATIONS

National Incident Management System, Incident Command System: IS-100, IS-120, IS-130, IS-200, IS 546, IS 547, IS-634, IS-700, IS-703, IS-800, and IS-808, IS-907 HSEEP.

UNH Course: Stepping up to Supervisor, Strengthening Facilitation Skills

Victoria Paige

Experience

Exercise and Training Officer | *Granite State Health Care Coalition* | *Foundation for Healthy Communities* | October 2022 – Present | 40+ Hours/ Week

- Coordinate and conduct training needs for HCC partners including but not limited to; Incident Command System, N95 Fit Testing, MedSled Evacuation, and Donning and Doffing Level C and D Personal Protective Equipment (PPE)
- Develop and facilitate community-wide exercises to meet HCC deliverables and partner needs of Chemical Emergency Incident, Radiation Emergency Incident, Medical Response and Surge Exercise (MRSE)
- Assist HCC team with HCC requirements of federal and state requirements
- Prepare and distribute meeting announcements, agendas, minutes, and correspondence for a variety of groups and subcommittees
- Review and assist HCC team with all administrator tasks relating to the project including internal and external financial and program reporting requirements
- Assist in planning and facilitating state-wide in-person conferences for HCC partners

Emergency Preparedness and Response Coordinator | *Carroll County Coalition for Public Health* | *Granite United Way* | October 2020 – September 2022 | 50+ Hours/ Week

- Implemented decisions based on applicable statutes, regulations, and/or policies
- Advised senior-level leadership on emergency management recovery efforts
- Managed engagement of, and collaboration with, internal external partners to improve the effectiveness or efficiency of programs or operations
- Coordinated, prepared, and managed COVID-19, Influenza Vaccination Clinics, and Point of Dispensing for 18 schools within Carroll County, as well as 20+ local municipalities
- Organized the start to finish of each clinic involving Carroll County's ~26,000 population
- Reviewed documentation, such as grants, for data integrity and compliance with regulations or policy
- Validated and monitor progress, review and update plans, and promote continuous preparation for Carroll County involving +250 stakeholders.
- Communicated to the public, local healthcare entities, and local municipalities on health & safety
- Implemented procedural changes due to health and safety needs to NH DHHS.
- Represent Carroll County Public Health as the Emergency Preparedness and Response Coordinator as local, state, and regional emergency preparedness planning meetings and trainings
- Oversee and manage ~ 200+ individuals across the Community Emergency Response Team & Medical Reserve Corp.

Experience (cont.)

Emergency Management Coordinator | *Wentworth-Douglass Hospital* | June 2017- August 2020 | 40+ Hour/Week

- Assisted in regulatory compliance with all federal/state/local laws/statutes as it relates to areas of responsibility.
- Developed and maintained policies/programs/procedures according to regulatory guidelines which include but are not limited to: Joint Commission, CMS, NFPA, NH DHHS.
- Assisted department managers in development and presentation of training programs for staff, physicians, volunteers, students, etc., in related areas of responsibility.
- Annually reviewed the EOC plans/policies for compliance with the Joint Commission.
- Revised as needed and submit to the Emergency Management Team and Safety Committee for review, revisions, and approval.
- Acted as a resource to WDH Hospital Staff regarding emergency management and safety related issues/questions.
- Performed Life Safety duties including conducting fire drills. Oversight of fire drills to include identification of deficiencies and training opportunities.
- Conducted the hospital and satellite location drills, maintain documentation
- Maintained all emergency plans, procedures, and Hazardous Vulnerability Analysis for the hospital and off-site locations
- Directly assisted the Safety Officer during the initial response of COVID-19
- Created, trained, and managed new N95 mask program for WDH employees ~5,000 and off-site healthcare practices ~20+ locations.
- Prepared, managed, and critiqued hospital and off-site healthcare practices of emergency management exercises and employees
- Monitored all emergency management supplies and equipment

Safety Monitor | *Wentworth-Douglass Hospital* | March 2016-March 2018 | 40 Hour/Week

- Provided 1:1 care for behavioral health patients
- Managed daily schedules for safety monitors
- Collaborated with clinical staff and security officers for patient care
- Participated and prepared bomb threat emergency exercise for off-site healthcare practices

Achievements / Skills

- Certified in Homeland Security's Exercise Evaluation Program (HSEEP)
- Certified Basic Public Information Officer (PIO)
- Certified Advanced Public Information Officer (PIO)
- Proficient in Microsoft Office Programs; Excel, Power Point, Word, Outlook
- Featured in ECRI Institute publication in 2018 for creating an emergency mass casualty exercise to test hospital's responsiveness and employee's reactivity
- Successfully helped vaccinate ~10,000 individuals across NH
- Certified as Hospital Emergency Coordinator (CHEC)
- Co-led Hospital Emergency Response Team (HERT)
- Successfully completed Healthcare Leadership for Mass Casualty Incidents at the Center of Domestic Preparedness

Achievements / Skills (cont.)

Successfully trained in FEMA courses:

IS 100	IS 120	IS 130	IS 200	IS 201
IS 235	IS 247	IS 546	IS 547	IS 700
IS 800	IS 907	AWR 160		

Education

Bachelor of Science | May 2015 | Southern New Hampshire University

- Major: Justice Studies: Homeland Security & Terrorism
- Minor: Sociology

Dakota Hayes



EDUCATION

August 2014 - May 2018

American University, Washington, D.C. - *B.A. International Studies; Minor in Political Science*

EXPERIENCE

August 2022- Present

Granite State Health Care Coalition - Planner

- Program Manager for multiple projects and deliverables, including; yearly statewide Coalition Hazard Vulnerability Assessments (HVA) and CDC's STRIKE Award assisting nearly one hundred Long Term Care facilities in the state with infection prevention and control.
- Managed federally required coalition assessments and presented findings to state stakeholders.
- Developed templates, tools, and resources designed to assist healthcare facilities in the development of their Emergency Preparedness Programs ensuring compliance with applicable federal and state rules.
- Managed subcontractors to track and monitor projects as well as ensuring all federal and state requirements were maintained for reporting.
- Developed and maintained essential relationships with partners across the NH healthcare continuum.
- Assisted in the writing and review of grants, trainings and exercises, plans and other documents as required by NH DHHS and federal deliverables through the Hospital Preparedness Program (HPP) Grant administered through the US DHHS Administration for Strategic Preparedness and Response (ASPR)

March 2024- July 2024

Emergency Management by Design, Contract Planner

- Coordinated with local community stakeholders throughout the development, adoption, and implementation of their Local Emergency Operations Plan.
- Facilitated meetings and maintained minutes with community stakeholders during plan development and table-top exercises.
- Conducted open-source research as well as utilized pre-existing official state and local documentation in plan development.

June 2020- August 2022

New Hampshire Department of Safety; Homeland Security and Emergency Management

May 2021- August 2022

Program Planner II/ State All-Hazards Planner

- Coordinated the updates of multiple state plans including; State Emergency Operations Plan, Commodities, and Recovery Annexes, Hazard Mitigation Plans and State Continuity of Operations and Government Plans, Distribution Management Plan as well as other plans/annexes as applicable.
- Maintained working and situational knowledge of weather events and related emergency response; communicated between the National Weather Service and Senior Leadership.
- Developed and maintained standard operating procedures and/or guidelines for the Section and Division as they relate to Emergency Management Plans; ensures that policies and procedures are followed in compliance with FEMA grants.
- Project Manager regarding the development of the yearly FEMA mandated State Preparedness Report (SPR), and Threat and Hazard Identification and Risk Assessment (THIRA).
- Coordinated with federal, state, and community officials in the development of Incident Action Plans, Emergency Action Plans, and others pertaining to special events and incidents; including Special Weather Events, New Hampshire Motor Speedway and civil disturbances.
- Coordinated the update of Local Emergency Operations Plans to ensure local jurisdictions' plans are up to date and eligible for funding, as well as ensuring plan templates were appropriate for communities of differing size and capability.

June 2020- May 2021

Program Planner I/ State Program Delivery Manager

- Coordinated and consulted with other state and local officials regarding COVID-19 Public Assistance Grants.
- Program to promote grant activities, and designated projects to track targeted programmatic and financial activities.
- Collected, maintained, and monitored accurate and up-to-date financial and programmatic records of each applicant and sub-applicant, including their respective financial sub-recipient monitoring portfolio with projects totaling tens-of-thousands to millions of dollars.
- Provided oversight to over 50 private non-profit applicants with funded projects to ensure compliance with federal and state program regulations and policies.
- Performed analysis of related performance data in support of subrecipients' reviews, as well as distributed information regarding state and federal policies and procedures to individuals and organizations.
- Reviewed program and service data for quality improvement opportunities to generate management reports for program planning.

July 2018-December 2019

National Association for State Community Services Programs, Washington, D.C

Program Assistant

- Developed and assisted with communications to include blog posts, social media, and newsletters.
- Developed quarterly and annual funding reports and information campaigns to adequately track and summarize state programs.

- Completed qualitative and quantitative data for member information request as well as federally mandated reporting.
- Worked with Program Directors to research and analyze data to draft reports for members and stakeholders for the Weatherization Assistance Program (WAP) and Community Services Block Grant (CSBG).

SKILLS

- Policy Research and Analysis
- Program Administration
- Microsoft Office Programs
- Emergency Management
- FEMA's Incident Command System (ICS) and National Incident Management System (NIMS)
 - ICS-100, ICS-200, ICS-700, ICS-800
- FEMA's Homeland Security Exercise and Evaluation Program (HSEEP)
- Effective Communication
- Project Management
- Emergency Preparedness Planning
- Plan Writing
- Critical Thinking
- Stakeholder Coordination

ACTIVITIES & MEMBERSHIPS

- **International Association of Emergency Managers (IAEM)**
Member
- **Sigma Chi Fraternity**
President, December 2016-December 2017
 - Acted in the capacity of a Chief Executive, responsible for the operations of a multi-thousand dollar organization.
 - Coordinated with university and Fraternity officials on successful chapter risk assessment and management programs.
 - Effectively planned and coordinated community and chapter activities.
 - Developed the chapter to ensure the attainment of the Peterson Blue Award, a recognition by the International Fraternity as an internationally significant chapter.
- **Boy Scouts of America**
Silver Palm Eagle Scout
 - Earned Eagle Scout Rank June 2011
 - Developed risk management and leadership programs which lead to recognition as a nationally significant troop.
 - Coordinated with community officials to execute fundraisers and other community events.
 - Planned, developed, budgeted, and executed a community-based Eagle Project to assist soldiers in Afghanistan.