

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

Lori A. Weaver  
 Commissioner

Iain N. Watt  
 Director

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May 14, 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 enter into a contract with JSI Research & Training Institute, Inc. d/b/a Community Health Institute (VC#161611-B001), Bow, NH, in the amount of \$175,080 to conduct federal shortage designation activities and support health workforce and primary care access data analysis, with the option to renew for up to five (5) additional years, effective July 1, 2026, upon Governor and Council approval through June 30, 2029. 100% General Funds.

Funds are available in the following accounts for State Fiscal Year 2027, and are anticipated to be available in State Fiscal Years 2028 and 2029, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

**05-95-90-904510-27940000- HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF PREVENTION AND WELLNESS, RURAL HEALTH & PRIMARY CARE\_100% GENERAL FUNDS**

State Fiscal Year	Class / Account	Class Title	Job Number	Total Amount
2027	102-500731	Contracts for Prog Svc	90072009	\$58,360
2028	102-500731	Contracts for Prog Svc	90072009	\$58,360
2029	102-500731	Contracts for Prog Svc	90072009	\$58,360
			<b>Total</b>	<b>\$175,080</b>

**EXPLANATION**

The purpose of this request is for the Contractor to support the State's federal shortage designation activities, which includes identifying areas of New Hampshire that lack adequate access to primary care, dental, behavioral health, and maternal health services. The contract also includes development and maintenance of a public-facing workforce data dashboard and mapping tools used to support shortage designation activities, inform statewide primary care workforce planning efforts and reporting, and identify communities with limited access to health care services. These State Primary Care Office (PCO) activities are a Department responsibility, and the resulting data will be used by the Department, local communities, and the Governor's

Office of New Opportunities & Rural Transformational Health (GO-NORTH) to support health workforce planning and access to care initiatives.

The Contractor has extensive experience with the specific criteria and complex methodologies used to calculate federal shortage designation. Federal shortage designations are formal classifications by the Health Resources and Services Administration (HRSA) that qualify providers, hospitals, and clinics for programs and funding intended to improve access to care in medically underserved communities. These designations provide eligibility for federal and state recruitment and retention programs, such as National Health Service Corps and other student loan repayment programs, enhanced Medicare reimbursement, and other workforce and service delivery grants and resources targeted at areas with insufficient access to primary medical care.

This contract will support medically underserved communities, including low-income, uninsured, and Medicare/Medicaid populations who experience limited access to primary care, dental, behavioral health, and maternal health services. These communities and the populations they serve experience persistent workforce shortages, geographic barriers, and gaps in service availability, making accurate workforce data and timely federal shortage designation essential to improving access to care.

The Department will monitor services by:

- Reviewing monthly timelines and deliverables to ensure the Contractor is meeting timelines and performance expectations.
- Assessing the accuracy, completeness, and compliance of analyses, maps, Shortage Designation Management System submissions, and workforce dashboard materials.
- Maintaining ongoing oversight through regular communication, data validation checks, and timely follow-up on any issues or corrective actions.

The Department selected the Contractor through a competitive bid process using a Request for Proposals (RFP) that was posted on the Department's website from March 5, 2026, through April 2, 2026. The Department received four (4) responses that were reviewed and scored by a team of qualified individuals. The Contractor had the highest combined technical and cost score. The Scoring Sheet is attached.

As referenced in Exhibit A of the attached agreement, the parties have the option to extend the agreement for up to five (5) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and Governor and Council approval.

Should the Governor and Council not authorize this request, the Department will be unable to complete required federal shortage designation activities which allow access to federal incentives, enable enhanced Medicare reimbursement for health facilities, and help attract and retain health providers in areas with insufficient medical, dental, and mental health care access.

Area served: Statewide

Respectfully submitted,



For:

Lori A. Weaver  
Commissioner

**New Hampshire Department of Health and Human Services  
Division of Finance and Procurement  
Bureau of Contracts and Procurement  
Scoring Sheet**

**Project ID #** RFP-2026-DPH-10-HEALT

**Project Title** New Hampshire Health Workforce and Primary Care Access Data

	Maximum Points Available	GeoChat	BME Strategies	JSI	GEOinovo Solutions
<b>Technical</b>					
Q1 - Knowledge and Experience	200	80	170	190	75
Q2 - Ability	200	70	140	190	50
Q3 - Capacity	150	50	130	130	40
Q4 - Quality Assurance	150	55	125	135	60
<b>Subtotal - Technical</b>	<b>700</b>	<b>255</b>	<b>565</b>	<b>645</b>	<b>225</b>

**If a Vendor fails to achieve the minimum Technical score stated within the RFP, it will receive no further consideration from the evaluation team and the Vendor's Cost Proposal will remain unopened.**

<b>Cost</b>					
Vendor Cost	250		250	250	
Vendor Budget Evaluation	50		50	50	
<b>Subtotal - Cost</b>	<b>300</b>		<b>300</b>	<b>300</b>	
<b>TOTAL POINTS</b>	<b>1000</b>	<b>255</b>	<b>865</b>	<b>945</b>	<b>225</b>

<b>TOTAL PROPOSED VENDOR COST</b>		\$175,080	\$175,080	
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<b>Reviewer Name</b>	<b>Title</b>
1 Danielle Hernandez	Primary Care Office Director
2 Pauline Jesionowski	Finance Administrator II
3 Alia Hayes	Oral Health Program Manager

**Subject:** RFP-2026-DPH-10-HEALT (NH Health Workforce and Primary Care Access Data)


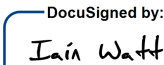
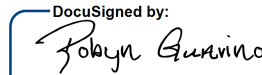
Notice: This agreement and all of its attachments shall become public upon submission to Governor and Executive Council for approval. Any information that is private, confidential or proprietary must be clearly identified to the agency and agreed to in writing prior to signing the contract.

**AGREEMENT**

The State of New Hampshire and the Contractor hereby mutually agree as follows:

**GENERAL PROVISIONS**

**1. IDENTIFICATION.**

1.1 State Agency Name New Hampshire Department of Health and Human Services		1.2 State Agency Address 129 Pleasant Street Concord, NH 03301-3857	
1.3 Contractor Name JSI Research & Training Institute, Inc. d/b/a Community Health Institute		1.4 Contractor Address 501 South Street Concord, NH 03304	
1.5 Contractor Phone Number (603) 573-3300	1.6 Account Unit and Class TBD	1.7 Completion Date June 30, 2029	1.8 Price Limitation \$175,080
1.9 Contracting Officer for State Agency Robert W. Moore, Director		1.10 State Agency Telephone Number (603) 271-9631	
1.11 Contractor Signature Signed by:  Date: 5/11/2026		1.12 Name and Title of Contractor Signatory Susan Longley Executive Vice President, JSI	
1.13 State Agency Signature DocuSigned by:  Date: 5/14/2026		1.14 Name and Title of State Agency Signatory Iain Watt Director - DPH	
1.15 Approval by the N.H. Department of Administration, Division of Personnel (if applicable) By: _____ Director, On: _____			
1.16 Approval by the Attorney General (Form, Substance and Execution) (if applicable) By:  On: 5/14/2026			
1.17 Approval by the Governor and Executive Council (if applicable) G&C Item number: _____ G&C Meeting Date: _____			

**2. SERVICES TO BE PERFORMED.** The State of New Hampshire, acting through the agency identified in block 1.1 (“State”), engages contractor identified in block 1.3 (“Contractor”) to perform, and the Contractor shall perform, the work or sale of goods, or both, identified and more particularly described in the attached EXHIBIT B which is incorporated herein by reference (“Services”).

**3. EFFECTIVE DATE/COMPLETION OF SERVICES.**

3.1 Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, if applicable, this Agreement, and all obligations of the parties hereunder, shall become effective on the date the Governor and Executive Council approve this Agreement, unless no such approval is required, in which case the Agreement shall become effective on the date the Agreement is signed by the State Agency as shown in block 1.13 (“Effective Date”).

3.2 If the Contractor commences the Services prior to the Effective Date, all Services performed by the Contractor prior to the Effective Date shall be performed at the sole risk of the Contractor, and in the event that this Agreement does not become effective, the State shall have no liability to the Contractor, including without limitation, any obligation to pay the Contractor for any costs incurred or Services performed.

3.3 Contractor must complete all Services by the Completion Date specified in block 1.7.

**4. CONDITIONAL NATURE OF AGREEMENT.**

Notwithstanding any provision of this Agreement to the contrary, all obligations of the State hereunder, including, without limitation, the continuance of payments hereunder, are contingent upon the availability and continued appropriation of funds. In no event shall the State be liable for any payments hereunder in excess of such available appropriated funds. In the event of a reduction or termination of appropriated funds by any state or federal legislative or executive action that reduces, eliminates or otherwise modifies the appropriation or availability of funding for this Agreement and the Scope for Services provided in EXHIBIT B, in whole or in part, the State shall have the right to withhold payment until such funds become available, if ever, and shall have the right to reduce or terminate the Services under this Agreement immediately upon giving the Contractor notice of such reduction or termination. The State shall not be required to transfer funds from any other account or source to the Account identified in block 1.6 in the event funds in that Account are reduced or unavailable.

**5. CONTRACT PRICE/PRICE LIMITATION/ PAYMENT.**

5.1 The contract price, method of payment, and terms of payment are identified and more particularly described in EXHIBIT C which is incorporated herein by reference.

5.2 Notwithstanding any provision in this Agreement to the contrary, and notwithstanding unexpected circumstances, in no event shall the total of all payments authorized, or actually made hereunder, exceed the Price Limitation set forth in block 1.8. The payment by the State of the contract price shall be the only and the complete reimbursement to the Contractor for all expenses, of whatever nature incurred by the Contractor in the performance

hereof, and shall be the only and the complete compensation to the Contractor for the Services.

5.3 The State reserves the right to offset from any amounts otherwise payable to the Contractor under this Agreement those liquidated amounts required or permitted by N.H. RSA 80:7 through RSA 80:7-c or any other provision of law.

5.4 The State’s liability under this Agreement shall be limited to monetary damages not to exceed the total fees paid. The Contractor agrees that it has an adequate remedy at law for any breach of this Agreement by the State and hereby waives any right to specific performance or other equitable remedies against the State.

**6. COMPLIANCE BY CONTRACTOR WITH LAWS AND REGULATIONS/EQUAL EMPLOYMENT OPPORTUNITY.**

6.1 In connection with the performance of the Services, the Contractor shall comply with all applicable statutes, laws, regulations, and orders of federal, state, county or municipal authorities which impose any obligation or duty upon the Contractor, including, but not limited to, civil rights and equal employment opportunity laws and the Governor’s order on Respect and Civility in the Workplace, Executive order 2020-01. In addition, if this Agreement is funded in any part by monies of the United States, the Contractor shall comply with all federal executive orders, rules, regulations and statutes, and with any rules, regulations and guidelines as the State or the United States issue to implement these regulations. The Contractor shall also comply with all applicable intellectual property laws.

6.2 During the term of this Agreement, the Contractor shall not discriminate against employees or applicants for employment because of age, sex, sexual orientation, race, color, marital status, physical or mental disability, religious creed, national origin, gender identity, or gender expression, and will take affirmative action to prevent such discrimination, unless exempt by state or federal law. The Contractor shall ensure any subcontractors comply with these nondiscrimination requirements.

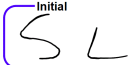
6.3 No payments or transfers of value by Contractor or its representatives in connection with this Agreement have or shall be made which have the purpose or effect of public or commercial bribery, or acceptance of or acquiescence in extortion, kickbacks, or other unlawful or improper means of obtaining business.

6.4. The Contractor agrees to permit the State or United States access to any of the Contractor’s books, records and accounts for the purpose of ascertaining compliance with this Agreement and all rules, regulations and orders pertaining to the covenants, terms and conditions of this Agreement.

**7. PERSONNEL.**

7.1 The Contractor shall at its own expense provide all personnel necessary to perform the Services. The Contractor warrants that all personnel engaged in the Services shall be qualified to perform the Services, and shall be properly licensed and otherwise authorized to do so under all applicable laws.

7.2 The Contracting Officer specified in block 1.9, or any successor, shall be the State’s point of contact pertaining to this Agreement.

Contractor Initials   
Date  
5/11/2026

**8. EVENT OF DEFAULT/REMEDIES.**

8.1 Any one or more of the following acts or omissions of the Contractor shall constitute an event of default hereunder (“Event of Default”):

- 8.1.1 failure to perform the Services satisfactorily or on schedule;
- 8.1.2 failure to submit any report required hereunder; and/or
- 8.1.3 failure to perform any other covenant, term or condition of this Agreement.

8.2 Upon the occurrence of any Event of Default, the State may take any one, or more, or all, of the following actions:

8.2.1 give the Contractor a written notice specifying the Event of Default and requiring it to be remedied within, in the absence of a greater or lesser specification of time, thirty (30) calendar days from the date of the notice; and if the Event of Default is not timely cured, terminate this Agreement, effective two (2) calendar days after giving the Contractor notice of termination;

8.2.2 give the Contractor a written notice specifying the Event of Default and suspending all payments to be made under this Agreement and ordering that the portion of the contract price which would otherwise accrue to the Contractor during the period from the date of such notice until such time as the State determines that the Contractor has cured the Event of Default shall never be paid to the Contractor;

8.2.3 give the Contractor a written notice specifying the Event of Default and set off against any other obligations the State may owe to the Contractor any damages the State suffers by reason of any Event of Default; and/or

8.2.4 give the Contractor a written notice specifying the Event of Default, treat the Agreement as breached, terminate the Agreement and pursue any of its remedies at law or in equity, or both.

**9. TERMINATION.**

9.1 Notwithstanding paragraph 8, the State may, at its sole discretion, terminate the Agreement for any reason, in whole or in part, by thirty (30) calendar days written notice to the Contractor that the State is exercising its option to terminate the Agreement.

9.2 In the event of an early termination of this Agreement for any reason other than the completion of the Services, the Contractor shall, at the State’s discretion, deliver to the Contracting Officer, not later than fifteen (15) calendar days after the date of termination, a report (“Termination Report”) describing in detail all Services performed, and the contract price earned, to and including the date of termination. In addition, at the State’s discretion, the Contractor shall, within fifteen (15) calendar days of notice of early termination, develop and submit to the State a transition plan for Services under the Agreement.

**10. PROPERTY OWNERSHIP/DISCLOSURE.**

10.1 As used in this Agreement, the word “Property” shall mean all data, information and things developed or obtained during the performance of, or acquired or developed by reason of, this Agreement, including, but not limited to, all studies, reports, files, formulae, surveys, maps, charts, sound recordings, video recordings, pictorial reproductions, drawings, analyses, graphic representations, computer programs, computer printouts, notes, letters, memoranda, papers, and documents, all whether finished or unfinished.

10.2 All data and any Property which has been received from the State, or purchased with funds provided for that purpose under this Agreement, shall be the property of the State, and shall be returned to the State upon demand or upon termination of this Agreement for any reason.

10.3 Disclosure of data, information and other records shall be governed by N.H. RSA chapter 91-A and/or other applicable law. Disclosure requires prior written approval of the State.

**11. CONTRACTOR’S RELATION TO THE STATE.** In the performance of this Agreement the Contractor is in all respects an independent contractor, and is neither an agent nor an employee of the State. Neither the Contractor nor any of its officers, employees, agents or members shall have authority to bind the State or receive any benefits, workers’ compensation or other emoluments provided by the State to its employees.

**12. ASSIGNMENT/DELEGATION/SUBCONTRACTS.**

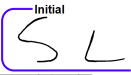
12.1 Contractor shall provide the State written notice at least fifteen (15) calendar days before any proposed assignment, delegation, or other transfer of any interest in this Agreement. No such assignment, delegation, or other transfer shall be effective without the written consent of the State.

12.2 For purposes of paragraph 12, a Change of Control shall constitute assignment. “Change of Control” means (a) merger, consolidation, or a transaction or series of related transactions in which a third party, together with its affiliates, becomes the direct or indirect owner of fifty percent (50%) or more of the voting shares or similar equity interests, or combined voting power of the Contractor, or (b) the sale of all or substantially all of the assets of the Contractor.

12.3 None of the Services shall be subcontracted by the Contractor without prior written notice and consent of the State.

12.4 The State is entitled to copies of all subcontracts and assignment agreements and shall not be bound by any provisions contained in a subcontract or an assignment agreement to which it is not a party.

**13. INDEMNIFICATION.** The Contractor shall indemnify, defend, and hold harmless the State, its officers, and employees from and against all actions, claims, damages, demands, judgments, fines, liabilities, losses, and other expenses, including, without limitation, reasonable attorneys’ fees, arising out of or relating to this Agreement directly or indirectly arising from death, personal injury, property damage, intellectual property infringement, or other claims asserted against the State, its officers, or employees caused by the acts or omissions of negligence, reckless or willful misconduct, or fraud by the Contractor, its employees, agents, or subcontractors. The State shall not be liable for any costs incurred by the Contractor arising under this paragraph 13. Notwithstanding the foregoing, nothing herein contained shall be deemed to constitute a waiver of the State’s sovereign immunity, which immunity is hereby reserved to the State. This covenant in paragraph 13 shall survive the termination of this Agreement.

Contractor Initials   
Date \_\_\_\_\_  
5/11/2026

**14. INSURANCE.**

14.1 The Contractor shall, at its sole expense, obtain and continuously maintain in force, and shall require any subcontractor or assignee to obtain and maintain in force, the following insurance:

14.1.1 commercial general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$1,000,000 per occurrence and \$2,000,000 aggregate or excess; and

14.1.2 special cause of loss coverage form covering all Property subject to subparagraph 10.2 herein, in an amount not less than 80% of the whole replacement value of the Property.

14.2 The policies described in subparagraph 14.1 herein shall be on policy forms and endorsements approved for use in the State of New Hampshire by the N.H. Department of Insurance, and issued by insurers licensed in the State of New Hampshire.

14.3 The Contractor shall furnish to the Contracting Officer identified in block 1.9, or any successor, a certificate(s) of insurance for all insurance required under this Agreement. At the request of the Contracting Officer, or any successor, the Contractor shall provide certificate(s) of insurance for all renewal(s) of insurance required under this Agreement. The certificate(s) of insurance and any renewals thereof shall be attached and are incorporated herein by reference.

**15. WORKERS' COMPENSATION.**

15.1 By signing this agreement, the Contractor agrees, certifies and warrants that the Contractor is in compliance with or exempt from, the requirements of N.H. RSA chapter 281-A ("*Workers' Compensation*").

15.2 To the extent the Contractor is subject to the requirements of N.H. RSA chapter 281-A, Contractor shall maintain, and require any subcontractor or assignee to secure and maintain, payment of Workers' Compensation in connection with activities which the person proposes to undertake pursuant to this Agreement. The Contractor shall furnish the Contracting Officer identified in block 1.9, or any successor, proof of Workers' Compensation in the manner described in N.H. RSA chapter 281-A and any applicable renewal(s) thereof, which shall be attached and are incorporated herein by reference. The State shall not be responsible for payment of any Workers' Compensation premiums or for any other claim or benefit for Contractor, or any subcontractor or employee of Contractor, which might arise under applicable State of New Hampshire Workers' Compensation laws in connection with the performance of the Services under this Agreement.

**16. WAIVER OF BREACH.** A State's failure to enforce its rights with respect to any single or continuing breach of this Agreement shall not act as a waiver of the right of the State to later enforce any such rights or to enforce any other or any subsequent breach.

**17. NOTICE.** Any notice by a party hereto to the other party shall be deemed to have been duly delivered or given at the time of mailing by certified mail, postage prepaid, in a United States Post Office addressed to the parties at the addresses given in blocks 1.2 and 1.4, herein.

**18. AMENDMENT.** This Agreement may be amended, waived or discharged only by an instrument in writing signed by the parties hereto and only after approval of such amendment, waiver or discharge by the Governor and Executive Council of the State of New Hampshire unless no such approval is required under the circumstances pursuant to State law, rule or policy.

**19. CHOICE OF LAW AND FORUM.**

19.1 This Agreement shall be governed, interpreted and construed in accordance with the laws of the State of New Hampshire except where the Federal supremacy clause requires otherwise. The wording used in this Agreement is the wording chosen by the parties to express their mutual intent, and no rule of construction shall be applied against or in favor of any party.

19.2 Any actions arising out of this Agreement, including the breach or alleged breach thereof, may not be submitted to binding arbitration, but must, instead, be brought and maintained in the Merrimack County Superior Court of New Hampshire which shall have exclusive jurisdiction thereof.

**20. CONFLICTING TERMS.** In the event of a conflict between the terms of this P-37 form (as modified in EXHIBIT A) and any other portion of this Agreement including any attachments thereto, the terms of the P-37 (as modified in EXHIBIT A) shall control.

**21. THIRD PARTIES.** This Agreement is being entered into for the sole benefit of the parties hereto, and nothing herein, express or implied, is intended to or will confer any legal or equitable right, benefit, or remedy of any nature upon any other person.

**22. HEADINGS.** The headings throughout the Agreement are for reference purposes only, and the words contained therein shall in no way be held to explain, modify, amplify or aid in the interpretation, construction or meaning of the provisions of this Agreement.

**23. SPECIAL PROVISIONS.** Additional or modifying provisions set forth in the attached EXHIBIT A are incorporated herein by reference.

**24. FURTHER ASSURANCES.** The Contractor, along with its agents and affiliates, shall, at its own cost and expense, execute any additional documents and take such further actions as may be reasonably required to carry out the provisions of this Agreement and give effect to the transactions contemplated hereby.

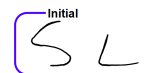
**25. SEVERABILITY.** In the event any of the provisions of this Agreement are held by a court of competent jurisdiction to be contrary to any state or federal law, the remaining provisions of this Agreement will remain in full force and effect.

**26. ENTIRE AGREEMENT.** This Agreement, which may be executed in a number of counterparts, each of which shall be deemed an original, constitutes the entire agreement and understanding between the parties, and supersedes all prior agreements and understandings with respect to the subject matter hereof.

**New Hampshire Department of Health and Human Services  
NH Health Workforce and Primary Care Access Data  
EXHIBIT A**

**Revisions to Standard Agreement Provisions**

1. Revisions to Form P-37, General Provisions
  - 1.1. Paragraph 3, Subparagraph 3.1., Effective Date/Completion of Services, is amended as follows:
    - 3.1. Notwithstanding any provision of this Agreement to the contrary, and subject to the approval of the Governor and Executive Council of the State of New Hampshire, this Agreement, and all obligations of the parties hereunder, shall become effective on July 1, 2026 (“Effective Date”).
  - 1.2. Paragraph 3, Effective Date/Completion of Services, is amended by deleting subparagraph 3.3., in its entirety and replacing it as follows:
    - 3.3. Contractor must complete all Services by the Completion Date specified in block 1.7. The parties may extend the Agreement for up to five (5) additional years from the Completion Date, contingent upon satisfactory delivery of services, available funding, agreement of the parties, and approval of the Governor and Executive Council.
  - 1.3. 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.
  - 1.4. Paragraph 12, Assignment/Delegation/Subcontracts, is amended by adding subparagraph 12.5., as follows:
    - 12.5. Subcontractors are subject to the same contractual conditions as the Contractor and the Contractor is responsible to ensure subcontractor compliance with those conditions. The Contractor shall have written agreements with all subcontractors, specifying the work to be performed, and if applicable, a Business Associate Agreement in accordance with the Health Insurance Portability and Accountability Act. Written agreements shall specify how corrective action shall be managed. The Contractor shall manage the subcontractor’s performance on an ongoing basis and take corrective action as necessary. The Contractor shall annually provide the State with a list of all subcontractors provided for under this Agreement and notify the State of any inadequate subcontractor performance.

Initial  
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**New Hampshire Department of Health and Human Services**  
**NH Health Workforce and Primary Care Access Data**  
**EXHIBIT B**

**Scope of Services**

**1. Statement of Work**

- 1.1. The Contractor must consult with the Department to coordinate and prioritize new federal shortage designation and redesignation requests. The Contractor must:
- 1.1.1. Respond to follow-up questions or inquiries regarding submitted federal shortage designation applications and related data.
  - 1.1.2. Evaluate population-to-provider ratios and high-need indicators within potential federal shortage designation areas using available electronic application systems, Health Professions Data Center (HPDC) provider data, pursuant to RSA 126-A:5, XVIII-a(c) Department of Health and Human Services, and targeted-area surveys administered via standardized worksheets to FQHCs and other health care facilities, as needed.
  - 1.1.3. Prepare all required documentation using the Health Resources and Services Administration (HRSA) Shortage Designation Management System (SDMS) to support designation, redesignation, and rescore requests for Department approval.
  - 1.1.4. Submit all required provider-level data, such as practice status, Full-Time Equivalent [FTE], specialty, percentage of sliding fee and Medicaid visits and practice-level data such as location and setting in SDMS, as required for provider validation by the federal Shortage Designation Branch (SDB) deadline.
  - 1.1.5. Upon request, provide information as needed, related to technical assistance on completed analysis and scoring criteria for shortage designations, and status updates to stakeholders in areas under review for federal shortage designations.
- 1.2. The Contractor must collaborate with the Department to analyze access patterns for primary care, oral health, and maternal health services to support federal shortage designations by utilizing publicly available health care and population datasets, as well as data provided by the Department, including the following:
- 1.2.1. New Hampshire Claims Data Sets available through the New Hampshire Comprehensive Health Care Information Systems (CHIS).
  - 1.2.2. Maternity care access data derived from NH Vital Records Birth Certificate Statistic Data and Information.
  - 1.2.3. Health Professions Survey data collected by the Health Professions Data Center.

**New Hampshire Department of Health and Human Services**  
**NH Health Workforce and Primary Care Access Data**  
**EXHIBIT B**

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- 1.3. The Contractor must provide the Department a complete list of End Users, as defined in Exhibit D and the DHHS Information Security Requirements Exhibit. Each End User must sign an End User Agreement before they can access the data.
- 1.4. The Contractor must provide technical assistance with the development, analysis, and visualization of HPDC surveys and corresponding workforce data. The Contractor must:
  - 1.4.1. Develop interactive, web-based data visualizations, preferably in Tableau, to display workforce data for New Hampshire's oral health, behavioral health, and primary medical care providers, utilizing HPDC survey data. The solution should leverage a business intelligence or data visualization platform that supports dynamic dashboards, filters, and user-friendly interfaces.
  - 1.4.2. Ensure visualizations include functional filters that allow users to view data by discipline, including medical, behavioral health, oral health, provider type, and year, single year or multi-year range, to support time trend analysis.
  - 1.4.3. Begin data processing and dashboard updates within 90 business days of receiving survey data.
  - 1.4.4. Collaborate with the Department to ensure the dashboard and data visualization meet the Department's format and guidelines.
  - 1.4.5. Develop a comprehensive procedural guide documenting the data visualization methodology, workflows, and technical specifications to ensure continuity of dashboard management, and provide technical support to the Department as needed.
  - 1.4.6. Provide the Department with the backend data visualization design files including provider and practice characteristics collected from HPDC's Health Professions survey, and associated data source tables.
- 1.5. The Contractor must enter and utilize data from the HPDC and other integrated data sources into SDMS to accurately evaluate federal Shortage Designation applications and to identify, analyze, and assess areas of the state that may qualify for federal shortage designations.
- 1.6. The Contractor must ensure that shortage designations and redesignation applications are prepared using SDMS and that all required data and applications are submitted to HRSA in full compliance with HRSA requirements and federal deadlines.
- 1.7. The Contractor must produce color-coded maps that are compatible with Microsoft and PDF formats, noting shortages areas, at the town level and list

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**EXHIBIT B**

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- towns hospitals, health centers and other health facilities within each type of shortage area. The Contractor must provide these maps and associated information to the Department in accordance with specified requirements.
- 1.8. The Contractor must submit a detailed Work Plan to the Department within thirty (30) business days of the effective date of the resulting agreement and annually thereafter. The Work Plan must include:
- 1.8.1. Baseline data and performance targets; and
  - 1.8.2. Planned activities, including the responsible individual(s), timelines, and target populations.
- 1.9. The Contractor must implement a quality assurance process to ensure the accuracy, consistency, and timeliness of all deliverables. This process must include periodic internal reviews, validation of data sources, and continuous improvement strategies based on Department feedback.
- 1.10. The Contractor must develop and submit to the Department a Corrective Action Plan annually by July 31 for any performance measure that is not achieved. The Corrective Action Plan must:
- 1.10.1. Be submitted within thirty (30) calendar days of identifying the unmet performance measure or receiving notification from the Department;
  - 1.10.2. Include a clear description of the issue, root cause analysis, and proposed corrective action(s);
  - 1.10.3. Outlined specific steps, responsible parties, and timelines for resolution including:
    - 1.10.3.1. Initial corrective actions implemented within fifteen (15) business days of plan submission;
    - 1.10.3.2. Full resolution of the issue within sixty (60) business days of plan submission, unless otherwise approved by the Department;
    - 1.10.3.3. Provide measurable indicators to track progress and ensure compliance with performance standards.
- 1.11. Project Management
- 1.11.1. The Contractor must conduct a project kick-off meeting or teleconference with the Department staff within thirty (30) business days of the Effective Date of the resulting agreement to:
    - 1.11.1.1. Review and confirm project goals, objectives and key milestones; update the Work Plan as needed; and address any outstanding questions or issues related to project implementation.

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- 1.11.1.2. Ensure the Work Plan clearly outlines all required activities and includes a detailed timeline with defined target dates for each task.
  - 1.11.2. The Contractor must use the Work Plan to track progress, guide implementation, and ensure alignment with performance measures and overall program objectives.
  - 1.11.3. The Contractor must maintain regular communication with the Department through email updates and timely responses to inquiries. Any issues affecting timelines or deliverables must be escalated within three (3) business days.
  - 1.11.4. The Contractor must monitor all relevant federal policy, guidance, and methodology changes issued by HRSA and other federal agencies that may affect shortage designation requirements or processes, and must provide timely guidance to the Department on the impacts of these changes, including recommendations for any necessary updates to state processes, data inputs, or methodologies.
- 1.12. Meetings and Trainings
- 1.12.1. The Contractor must participate in monthly conference calls with the Department to review project activities, interventions and progress toward deliverables.
  - 1.12.2. The Contractor must participate in monthly meetings with the Department to support Tableau dashboard development, maintenance, and enhancements.
  - 1.12.3. The Contractor must participate in all required meetings hosted by the HRSA Shortage Designation Branch for Primary Care Offices, including the annual Primary Care Office Conference.
  - 1.12.4. The Contractor must attend meetings with representatives from the Department and/or other State officials to present updates, share findings, and report on program progress.
  - 1.12.5. The Contractor must ensure that all staff assigned to the project possess the appropriate training, education, experience, and orientation necessary to fulfil their roles. This includes:
    - 1.12.5.1. Providing training in information security and confidentiality safeguards in accordance with applicable state and federal laws;
    - 1.12.5.2. Verifying and documenting that all staff meet these requirements; and
    - 1.12.5.3. Maintaining up-to-date records for all individuals requiring

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licenses and/or certifications, which must be made available to the Department upon request.

**1.13. Reporting**

1.13.1. The Contractor must submit written progress reports to the Department upon request throughout the term of the resulting agreement, and a comprehensive final report upon completion of the resulting agreement.

1.13.2. The Contractor’s reports must include, at minimum:

1.13.2.1. A summary of work completed since the previous report;

1.13.2.2. An update on the status of tasks and deliverables is still in progress;

1.13.2.3. Identification of barriers to completing tasks or deliverables, and a proposed plan to address and resolve them.

1.13.2.4. A list of outstanding items and any emerging issues or risks that may impact future progress.

1.13.3. The Contractor may be required to provide additional key data and performance metrics in a format specified by the Department.

**1.14. Deliverables**

1.14.1. The Contractor must provide the following deliverables to the Department. These deliverables represent the essential outputs required to support the state with mandated federal shortage designation efforts, data-driven decision-making, and program accountability. Each deliverable is defined with its description and timing to promote transparency and alignment with project objectives:

<b>Deliverable</b>	<b>Description</b>	<b>Timing</b>
Kick-off meeting summary	Written summary or agenda confirming discussion of goals, milestones, and updates during the project kick-off meeting (Section 1.11.1).	Within thirty (30) business days of contract start.
Work Plan (Initial and Updated)	A detailed Work Plan outlining baseline data, performance targets, planned activities, responsible parties, timelines, and target populations, submitted	Initial: Within thirty (30) business days of contract start; Updates: After kick-off and annually.

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Deliverable	Description	Timing
	within thirty (30) days of contract start. The Work Plan must be updated as necessary following the kick-off meeting and annually thereafter (Section 1.8).	
Shortage designation analysis	Comprehensive analyses of new and existing federal shortage designations, utilizing State Medicaid Claims data, HPDC provider survey data, and targeted facility worksheets to evaluate population-to-provider ratios and high-need indicators (Section 1.1.4).	Initiated within thirty (30) business days of Department request.
Federal shortage designation submissions	Preparation and submission of all required shortage designation and redesignation applications, including supporting documentation, in compliance with HRSA requirements (Section 1.6).	By state and HRSA federal deadlines.
Provider data uploads	Accurate upload of provider-level and practice-level data into SDMS, ensuring completeness and compliance with federal validation requirements (Section 1.1.4.)	Within ninety (90) business days of Department request.
Survey review and feedback	Review and actionable feedback on health professions surveys, ensuring clarity and alignment with	Within ten (10) business days of Department request.

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EXHIBIT B**

<b>Deliverable</b>	<b>Description</b>	<b>Timing</b>
	Department objectives (Section 1.4.6).	
Spatial/geographic analysis reports	Development of color-coded maps and detailed summary narratives for primary care, dental, and maternity care shortage areas, compatible with Microsoft and PDF formats, to support federal and state reporting requirements (Section 1.7).	Within ninety (90) business days of Department request.
Data Visualizations and documentation	Development and maintenance of interactive Tableau dashboards with functional filters for discipline, provider type, and year; delivery of backend design files, source tables, and a comprehensive procedural guide documenting visualization methodology and workflows (Section 1.4).	As specified in Work Plan / ongoing.
Reports	Written progress reports upon request and a comprehensive final report at contract completion, consistent with Section 1.13 Reporting.	Upon request and at contract completion.

**1.15. Confidential Data**

1.15.1. The Contractor must meet all information security and privacy requirements as set by the Department and in accordance with the Department’s Information Security Requirements Exhibit as referenced below.

1.15.2. The Contractor must ensure any individuals involved in delivering

**New Hampshire Department of Health and Human Services  
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EXHIBIT B**

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services through this Agreement contract sign an attestation agreeing to access, view, store, and discuss Confidential Data in accordance with federal and state laws and regulations and the Department's Information Security Requirements Exhibit. The Contractor must ensure said individuals have a justifiable business need to access confidential data. The Contractor must provide attestations upon Department request.

**1.16. Privacy Impact Assessment**

1.16.1. Upon request, the Contractor must allow and assist the Department in conducting a Privacy Impact Assessment (PIA) of its system(s)/application(s)/web portal(s)/website(s) or Department system(s)/application(s)/web portal(s)/website(s) hosted by the Contractor, if Personally Identifiable Information (PII) is collected, used, accessed, shared, or stored. To conduct the PIA the Contractor must provide the Department access to applicable systems and documentation sufficient to allow the Department to assess, at minimum, the following:

1.16.1.1. How PII is gathered and stored;

1.16.1.2. Who will have access to PII;

1.16.1.3. How PII will be used in the system;

1.16.1.4. How individual consent will be achieved and revoked; and

1.16.1.5. Privacy practices.

1.16.2. The Department may conduct follow-up PIAs in the event there are either significant process changes or new technologies impacting the collection, processing or storage of PII.

**1.17. Contract End-of-Life Transition Services**

**1.17.1. General Requirements**

1.17.1.1. If applicable, upon early termination or expiration of the Agreement the parties agree to cooperate in good faith to effectuate a secure transition of the services ("Transition Services") from the Contractor to the Department and, if applicable, the new Contractor ("Recipient") engaged by the Department to assume the services. Ninety (90) days prior to the end-of the contract or unless otherwise specified by the Department, the Contractor must begin working with the Department and if applicable, the Recipient to develop a Data Transition Plan (DTP). The

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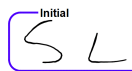
Department shall provide the DTP template to the Contractor.

- 1.17.1.2. The Contractor must assist the Recipient, in connection with the transition from the performance of Services by the Contractor and its End Users to the performance of such Services. This may include assistance with the secure transfer of records (electronic and hard copy), transition of historical data (electronic and hard copy), the transition of any such Service from the hardware, software, network and telecommunications equipment and internet-related information technology infrastructure (“Internal IT Systems”) of Contractor to the Internal IT Systems of the Recipient and cooperation with and assistance to any third-party consultants engaged by Recipient in connection with the Transition Services.
- 1.17.1.3. If a system, database, hardware, software, and/or software licenses (Tools) was purchased or created to manage, track, and/or store Department Data in relationship to this contract said Tools will be inventoried and returned to the Department, along with the inventory document, once transition of Department data is complete.
- 1.17.1.4. The internal planning of the Transition Services by the Contractor and its End Users shall be provided to the Department and if applicable the Recipient in a timely manner. Any such Transition Services shall be deemed to be Services for purposes of this Agreement.
- 1.17.1.5. In the event the data Transition extend beyond the end of the Agreement, the Contractor agrees that the Information Security Requirements, and if applicable, the Department’s Business Associate Agreement terms and conditions remain in effect until the Data Transition is accepted as complete by the Department.
- 1.17.1.6. In the event the Contractor has comingled Department Data and the destruction or Transition of said data is not feasible, the Department and Contractor will jointly evaluate regulatory and professional standards for retention requirements prior to destruction, refer to the terms and conditions of the Department’s DHHS Information Security Requirements Exhibit.

**1.17.2. Completion of Transition Services**

RFP-2026-DPH-10-HEALT-01

B-2.1

Contractor Initials 

**New Hampshire Department of Health and Human Services  
NH Health Workforce and Primary Care Access Data**

**EXHIBIT B**

- 1.17.2.1. Each service or transition phase shall be deemed completed (and the transition process finalized) at the end of fifteen (15) business days after the product, resulting from the Service, is delivered to the Department and/or the Recipient in accordance with the mutually agreed upon Transition plan, unless within said fifteen (15) business day term the Contractor notifies the Department of an issue requiring additional time to complete said product.
- 1.17.2.2. Once all parties agree the data has been migrated the Contractor will have thirty (30) days to destroy the data per the terms and conditions of the Department's Information Security Requirements Exhibit.
- 1.17.3. Disagreement over Transition Services Results
  - 1.17.3.1. In the event the Department is not satisfied with the results of the Transition Service, the Department shall notify the Contractor, in writing, stating the reason for the lack of satisfaction within fifteen (15) business days of the final product or at any time during the data Transition process. The Parties shall discuss the actions to be taken to resolve the disagreement or issue. If an agreement is not reached, at any time the Department shall be entitled to initiate actions in accordance with the Agreement.

**2. Exhibits Incorporated**

- 2.1. The Contractor must manage all confidential data related to this Agreement in accordance with the terms of Exhibit D, DHHS Information Security Requirements.
- 2.2. The Contractor must use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information (Privacy Rule) (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and in accordance with the attached Exhibit E, Business Associate Agreement, which has been executed by the parties.

**3. Additional Terms**

**3.1. Impacts Resulting from Court Orders or Legislative Changes**

- 3.1.1. The Contractor agrees that, to the extent future state or federal legislation or court orders may have an impact on the Services described herein, the State has the right to modify Service priorities

**New Hampshire Department of Health and Human Services  
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EXHIBIT B**

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and expenditure requirements under this Agreement so as to achieve compliance therewith.

**3.2. Credits and Copyright Ownership**

- 3.2.1. All documents, notices, press releases, research reports and other materials prepared during or resulting from the performance of the services of the Agreement must include the following statement, "The preparation of this (report, document etc.) was financed under an Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services."
- 3.2.2. All materials produced or purchased under the Agreement must have prior approval from the Department before printing, production, distribution or use.
- 3.2.3. The Department must retain copyright ownership for any and all original materials produced, including, but not limited to reports, protocols, guidelines, brochures, posters, and resource directories.
- 3.2.4. The Contractor must not reproduce any materials produced under the Agreement without prior written approval from the Department.

**4. Records**

- 4.1. The Contractor must keep records that include, but are not limited to:
  - 4.1.1. Books, records, documents and other electronic or physical data evidencing and reflecting all costs and other expenses incurred by the Contractor in the performance of the Contract, and all income received or collected by the Contractor.
  - 4.1.2. All records must be maintained in accordance with accounting procedures and practices, which sufficiently and properly reflect all such costs and expenses, and which are acceptable to the Department, and to include, without limitation, all ledgers, books, records, and original evidence of costs such as purchase requisitions and orders, vouchers, requisitions for materials, inventories, valuations of in-kind contributions, labor time cards, payrolls, and other records requested or required by the Department.
- 4.2. During the term of this Agreement and the period for retention hereunder, the Department, the United States Department of Health and Human Services, and any of their designated representatives must have access to all reports and records maintained pursuant to the Agreement for purposes of audit, examination, excerpts and transcripts.

**New Hampshire Department of Health and Human Services  
NH Health Workforce and Primary Care Access Data**

**EXHIBIT B**

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- 4.3. If, upon further review, the Department must disallow any expenses claimed by the Contractor as costs hereunder, the Department retains the right, at its discretion, to deduct the amount of such expenses as are disallowed or to recover such sums from the Contractor.

**New Hampshire Department of Health and Human Services  
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EXHIBIT C**

**Payment Terms**

1. This Agreement is funded by:
  - 1.1. 100% General funds.
2. For the purposes of this Agreement the Department has identified:
  - 2.1. The Contractor as a Contractor, based on criteria specified in 2 CFR §200.331.
  - 2.2. The Indirect Cost Rate for this Agreement in the attached Budget Sheet(s).
3. Payment shall be on a cost reimbursement basis for actual allowable expenditures incurred under this Agreement, and shall be in accordance with the approved line items, as specified in Exhibits C-1, Budget.
4. The Contractor shall submit an invoice to the Department no later than the fifteenth (15th) working day of the month following the month in which the services were provided. The Contractor shall ensure each invoice:
  - 4.1. Includes the Contractor's Vendor Number issued upon registering with New Hampshire Department of Administrative Services.
  - 4.2. Is submitted in a format as provided by or otherwise acceptable to the Department.
  - 4.3. Identifies and requests payment in accordance with Section 3 above.
  - 4.4. Includes supporting documentation for salary and wages and expense lines with each invoice.
  - 4.5. Is completed, dated and returned to the Department to initiate payment.
  - 4.6. Is assigned an electronic signature and is emailed to [DHHS.DPHS.Contract@dhhs.nh.gov](mailto:DHHS.DPHS.Contract@dhhs.nh.gov) or mailed to:  
  
Financial Manager  
Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301
5. The Department shall make payments to the Contractor within thirty (30) calendar days of receipt of each invoice and any required supporting documentation, subsequent to approval of the submitted invoice.
6. The final invoice and any required supporting documentation shall be due to the Department no later than forty (40) calendar days after the contract completion date specified in Form P-37, General Provisions Block 1.7 Completion Date.

**New Hampshire Department of Health and Human Services  
NH Health Workforce and Primary Care Access Data  
EXHIBIT C**

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7. Notwithstanding Paragraph 18 of the General Provisions Form P-37, changes limited to adjusting direct and indirect cost amounts within the price limitation and adjusting encumbrances between State Fiscal Years and budget class lines through the Budget Office may be made by written agreement of both parties, without obtaining approval of the Governor and Executive Council, if needed and justified.
8. If applicable, the Contractor must notify the Department of any revisions, updates, or extensions to the Contractor's federal negotiated indirect cost rate agreement (NICRA) by submitting a copy of the revised NICRA to the Department within five (5) business days of the Contractor's receipt of the NICRA from the cognizant federal agency.
9. Audits
  - 9.1. The Contractor must email an annual audit to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) if any of the following conditions exist:
    - 9.1.1. Condition A - The Contractor is subject to a Single Audit pursuant to 2 CFR 200.501 Audit Requirements.
    - 9.1.2. Condition B - The Contractor is subject to audit pursuant to the requirements of NH RSA 7:28, III-b.
    - 9.1.3. Condition C - The Contractor is a public company and required by Security and Exchange Commission (SEC) regulations to submit an annual financial audit.
  - 9.2. If Condition A exists, the Contractor must submit an annual Single Audit performed by an independent Certified Public Accountant (CPA) to [dhhs.act@dhhs.nh.gov](mailto:dhhs.act@dhhs.nh.gov) within 120 days after the close of the Contractor's fiscal year, conducted in accordance with the requirements of 2 CFR Part 200, Subpart F of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal awards.
    - 9.2.1. The Contractor must submit a copy of any Single Audit findings and any associated corrective action plans. The Contractor must submit quarterly progress reports on the status of implementation of the corrective action plan.
  - 9.3. If Condition B or Condition C exists, the Contractor must submit an annual financial audit performed by an independent CPA within 120 days after the close of the Contractor's fiscal year.
  - 9.4. The Contractor, regardless of the funding source and/or whether Conditions A, B, or C exist, may be required to submit annual financial audits performed by an independent CPA upon request by the Department.

**New Hampshire Department of Health and Human Services  
NH Health Workforce and Primary Care Access Data  
EXHIBIT C**

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- 9.5. In addition to, and not in any way in limitation of obligations of the Agreement, it is understood and agreed by the Contractor that the Contractor shall be held liable for any state or federal audit exceptions and must return to the Department all payments made under the Agreement to which exception has been taken, or which have been disallowed because of such an exception, within sixty (60) days.
10. If applicable, the Contractor must request disposition instructions from the Department for any equipment, based on 2 CFR 200.313, purchased using funds provided under this Agreement.

New Hampshire Department of Health and Human Services			
<b>Contractor Name:</b>		JSI Research & Training Institute, Inc.	
<b>Budget Request for:</b>		RFP-2026-DPH-10-HEALT-01	
<b>Budget Request for:</b>		July 1, 2026 through June 30, 2029	
<b>Indirect Cost Rate (if applicable)</b>		15%	
Line Item	Budget - State Fiscal Year 2027 (07/01/26 - 06/30/27)	Budget - State Fiscal Year 2028 (07/01/27 - 06/30/28)	Budget - State Fiscal Year 2029 (07/01/28 - 06/30/29)
1. Salary & Wages	\$33,922	\$33,888	\$33,851
2. Fringe Benefits	\$16,069	\$16,053	\$16,036
3. Consultants	\$0	\$0	\$0
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	\$0	\$0
5.(a) Supplies - Educational	\$0	\$0	\$0
5.(b) Supplies - Lab	\$0	\$0	\$0
5.(c) Supplies - Pharmacy	\$0	\$0	\$0
5.(d) Supplies - Medical	\$0	\$0	\$0
5.(e) Supplies Office	\$0	\$0	\$0
6. Travel	\$0	\$0	\$0
7. Software	\$757	\$807	\$861
8. (a) Other - Marketing/ Communications	\$0	\$0	\$0
8. (b) Other - Education and Training	\$0	\$0	\$0
8. (c) Other - Other (specify below)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
Other (please specify)	\$0	\$0	\$0
9. Subrecipient Contracts	\$0	\$0	\$0
<b>Total Direct Costs</b>	<b>\$50,748</b>	<b>\$50,748</b>	<b>\$50,748</b>
<b>Total Indirect Costs</b>	<b>\$7,612</b>	<b>\$7,612</b>	<b>\$7,612</b>
<b>Subtotals</b>	<b>\$58,360</b>	<b>\$58,360</b>	<b>\$58,360</b>
<b>Total</b>	<b>\$175,080</b>		

## New Hampshire Department of Health and Human Services

### Exhibit D

## DHHS Information Security Requirements

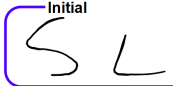
### A. Definitions

The following terms may be reflected and have the described meaning in this document:

1. "Breach" means the loss of control, compromise, unauthorized disclosure, unauthorized acquisition, unauthorized access, or any similar term referring to situations where persons other than authorized users and for an other than authorized purpose have access or potential access to personally identifiable information, whether physical or electronic. With regard to Protected Health Information, "Breach" shall have the same meaning as the term "Breach" in section 164.402 of Title 45, Code of Federal Regulations.
2. "Computer Security Incident" shall have the same meaning "Computer Security Incident" in section two (2) of NIST Publication 800-61, Computer Security Incident Handling Guide, National Institute of Standards and Technology, U.S. Department of Commerce.
3. "Confidential Information" or "Confidential Data" means all confidential information disclosed by one party to the other such as all medical, health, financial, public assistance benefits and personal information including without limitation, Substance Abuse Treatment Records, Case Records, Protected Health Information and Personally Identifiable Information.

Confidential Information also includes any and all information owned or managed by the State of NH - created, received from or on behalf of the Department of Health and Human Services (DHHS) or accessed in the course of performing contracted services - of which collection, disclosure, protection, and disposition is governed by state or federal law or regulation. This information includes, but is not limited to Protected Health Information (PHI), Personal Information (PI), Personal Financial Information (PFI), Federal Tax Information (FTI), Social Security Numbers (SSN), Payment Card Industry (PCI), and or other sensitive and confidential information.

4. "End User" means any person or entity (e.g., contractor, contractor's employee, business associate, subcontractor, other downstream user, etc.) that receives DHHS data or derivative data in accordance with the terms of this Contract.
5. "HIPAA" means the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder.
6. "Incident" means an act that potentially violates an explicit or implied security policy, which includes attempts (either failed or successful) to gain unauthorized access to a system or its data, unwanted disruption or denial of service, the unauthorized use of a system for the processing or storage of data; and changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent. Incidents include the loss of data through theft or device misplacement, loss

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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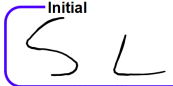
or misplacement of hardcopy documents, and misrouting of physical or electronic mail, all of which may have the potential to put the data at risk of unauthorized access, use, disclosure, modification or destruction.

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

#### I. RESPONSIBILITIES OF DHHS AND THE CONTRACTOR

##### A. Business Use and Disclosure of Confidential Information.

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

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

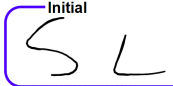
#### DHHS Information Security Requirements

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2. The Contractor must not disclose any Confidential Information in response to a request for disclosure on the basis that it is required by law, in response to a subpoena, etc., without first notifying DHHS so that DHHS has an opportunity to consent or object to the disclosure.
3. If DHHS notifies the Contractor that DHHS has agreed to be bound by additional restrictions over and above those uses or disclosures or security safeguards of PHI pursuant to the Privacy and Security Rule, the Contractor must be bound by such additional restrictions and must not disclose PHI in violation of such additional restrictions and must abide by any additional security safeguards.
4. The Contractor agrees that DHHS Data or derivative there from disclosed to an End User must only be used pursuant to the terms of this Contract.
5. The Contractor agrees DHHS Data obtained under this Contract may not be used for any other purposes that are not indicated in this Contract.
6. The Contractor agrees to grant access to the data to the authorized representatives of DHHS for the purpose of inspecting to confirm compliance with the terms of this Contract.

#### II. METHODS OF SECURE TRANSMISSION OF DATA

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

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

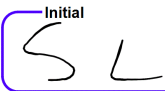
8. Open Wireless Networks. End User may not transmit Confidential Data via an open wireless network. End User must employ a virtual private network (VPN) when remotely transmitting via an open wireless network.
9. Remote User Communication. If End User is employing remote communication to access or transmit Confidential Data, a virtual private network (VPN) must be installed on the End User's mobile device(s) or laptop from which information will be transmitted or accessed.
10. SSH File Transfer Protocol (SFTP), also known as Secure File Transfer Protocol. If End User is employing an SFTP to transmit Confidential Data, End User will structure the Folder and access privileges to prevent inappropriate disclosure of information. SFTP folders and sub-folders used for transmitting Confidential Data will be coded for 24-hour auto-deletion cycle (i.e. Confidential Data will be deleted every 24 hours).
11. Wireless Devices. If End User is transmitting Confidential Data via wireless devices, all data must be encrypted to prevent inappropriate disclosure of information.

### III. RETENTION AND DISPOSITION OF IDENTIFIABLE RECORDS

The Contractor will only retain the data and any derivative of the data for the duration of this Contract. After such time, the Contractor will have 30 days to destroy the data and any derivative in whatever form it may exist, unless, otherwise required by law or permitted under this Contract. To this end, the parties must:

#### A. Retention

1. The Contractor agrees it will not store, transfer or process data collected in connection with the services rendered under this Contract outside of the United States. This physical location requirement shall also apply in the implementation of cloud computing, cloud service or cloud storage capabilities, and includes backup data and Disaster Recovery locations.
2. The Contractor agrees to ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
3. The Contractor agrees to provide security awareness and education for its End Users in support of protecting Department confidential information.
4. The Contractor agrees to retain all electronic and hard copies of Confidential Data in a secure location and identified in section IV. A.2
5. The Contractor agrees Confidential Data stored in a Cloud must be in a FedRAMP/HITECH compliant solution and comply with all applicable statutes and regulations regarding the privacy and security. All servers and devices must have currently-supported and hardened operating systems, the latest anti-viral, antihacker, anti-spam, anti-spyware, and anti-malware utilities. The environment, as a whole, must have aggressive intrusion-detection and firewall protection.

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## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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

#### B. Disposition

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

#### IV. PROCEDURES FOR SECURITY

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

Contractor Initials 

## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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3. The Contractor will maintain appropriate authentication and access controls to contractor systems that collect, transmit, or store Department confidential information where applicable.
4. The Contractor will ensure proper security monitoring capabilities are in place to detect potential security events that can impact State of NH systems and/or Department confidential information for contractor provided systems.
5. The Contractor will provide regular security awareness and education for its End Users in support of protecting Department confidential information.
6. If the Contractor will be sub-contracting any core functions of the engagement supporting the services for State of New Hampshire, the Contractor will maintain a program of an internal process or processes that defines specific security expectations, and monitoring compliance to security requirements that at a minimum match those for the Contractor, including breach notification requirements.
7. The Contractor will work with the Department to sign and comply with all applicable State of New Hampshire and Department system access and authorization policies and procedures, systems access forms, and computer use agreements as part of obtaining and maintaining access to any Department system(s). Agreements will be completed and signed by the Contractor and any applicable sub-contractors prior to system access being authorized.
8. If the Department determines the Contractor is a Business Associate pursuant to 45 CFR 160.103, the Contractor will execute a HIPAA Business Associate Agreement (BAA) with the Department and is responsible for maintaining compliance with the agreement.
9. The Contractor will work with the Department at its request to complete a System Management Survey. The purpose of the survey is to enable the Department and Contractor to monitor for any changes in risks, threats, and vulnerabilities that may occur over the life of the Contractor engagement. The survey will be completed annually, or an alternate time frame at the Departments discretion with agreement by the Contractor, or the Department may request the survey be completed when the scope of the engagement between the Department and the Contractor changes.
10. The Contractor will not store, knowingly or unknowingly, any State of New Hampshire or Department data offshore or outside the boundaries of the United States unless prior express written consent is obtained from the Information Security Office leadership member within the Department.
11. Data Security Breach Liability. In the event of any security breach Contractor shall make efforts to investigate the causes of the breach, promptly take measures to prevent

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## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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future breach and minimize any damage or loss resulting from the breach. The State shall recover from the Contractor all costs of response and recovery from

the breach, including but not limited to: credit monitoring services, mailing costs and costs associated with website and telephone call center services necessary due to the breach.

12. Contractor must, comply with all applicable statutes and regulations regarding the privacy and security of Confidential Information, and must in all other respects maintain the privacy and security of PI and PHI at a level and scope that is not less than the level and scope of requirements applicable to federal agencies, including, but not limited to, provisions of the Privacy Act of 1974 (5 U.S.C. § 552a), DHHS Privacy Act Regulations (45 C.F.R. §5b), HIPAA Privacy and Security Rules (45 C.F.R. Parts 160 and 164) that govern protections for individually identifiable health information and as applicable under State law.
13. Contractor agrees to establish and maintain appropriate administrative, technical, and physical safeguards to protect the confidentiality of the Confidential Data and to prevent unauthorized use or access to it. The safeguards must provide a level and scope of security that is not less than the level and scope of security requirements established by the State of New Hampshire, Department of Information Technology. Refer to Vendor Resources/Procurement at <https://www.nh.gov/doi/vendor/index.htm> for the Department of Information Technology policies, guidelines, standards, and procurement information relating to vendors.
14. Contractor agrees to maintain a documented breach notification and incident response process. The Contractor will notify the State's Privacy Officer and the State's Security Officer of any security breach immediately, at the email addresses provided in Section VI. This includes a confidential information breach, computer security incident, or suspected breach which affects or includes any State of New Hampshire systems that connect to the State of New Hampshire network.
15. Contractor must restrict access to the Confidential Data obtained under this Contract to only those authorized End Users who need such DHHS Data to perform their official duties in connection with purposes identified in this Contract.
16. The Contractor must ensure that all End Users:
  - a. comply with such safeguards as referenced in Section IV A. above, implemented to protect Confidential Information that is furnished by DHHS under this Contract from loss, theft or inadvertent disclosure.
  - b. safeguard this information at all times.
  - c. ensure that laptops and other electronic devices/media containing PHI, PI, or PFI are encrypted and password-protected.

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## New Hampshire Department of Health and Human Services

### Exhibit D

#### DHHS Information Security Requirements

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

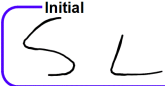
Contractor is responsible for oversight and compliance of their End Users. DHHS reserves the right to conduct onsite inspections to monitor compliance with this Contract, including the privacy and security requirements provided in herein, HIPAA, and other applicable laws and Federal regulations until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

#### V. LOSS REPORTING

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

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

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

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## New Hampshire Department of Health and Human Services

### Exhibit D

## DHHS Information Security Requirements

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4. Identify and convene a core response group to determine the risk level of Incidents and determine risk-based responses to Incidents; and
5. Determine whether Breach notification is required, and, if so, identify appropriate Breach notification methods, timing, source, and contents from among different options, and bear costs associated with the Breach notice as well as any mitigation measures.

Incidents and/or Breaches that implicate PI must be addressed and reported, as applicable, in accordance with NH RSA 359-C:20.

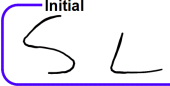
### VI. PERSONS TO CONTACT

A. DHHS Privacy Officer:

DHHSPrivacyOfficer@dhhs.nh.gov B.

DHHS Security Officer:

DHHSInformationSecurityOffice@dhhs.nh.gov

Contractor Initials 

Date 5/11/2026



## New Hampshire Department of Health and Human

### Exhibit E

#### BUSINESS ASSOCIATE AGREEMENT

The Contractor identified in Section 1.3 of the General Provisions of the Agreement (Form P-37) ("Agreement"), and any of its agents who receive use or have access to protected health information (PHI), as defined herein, shall be referred to as the "Business Associate." The State of New Hampshire, Department of Health and Human Services, "Department" shall be referred to as the "Covered Entity," The Contractor and the Department are collectively referred to as "the parties."

The parties agree, to comply with the Health Insurance Portability and Accountability Act, Public Law 104-191, the Standards for Privacy and Security of Individually Identifiable Health Information, 45 CFR Parts 160, 162, and 164 (HIPAA), provisions of the HITECH Act, Title XIII, Subtitle D, Parts 1&2 of the American Recovery and Reinvestment Act of 2009, 42 USC 17934, et sec., applicable to business associates, and as applicable, to be bound by the provisions of the Confidentiality of Substance Use Disorder Patient Records, 42 USC s. 290 dd-2, 42 CFR Part 2, (Part 2), as any of these laws and regulations may be amended from time to time.

#### (1) Definitions

- a. The following terms shall have the same meaning as defined in HIPAA, the HITECH Act, and Part 2, as they may be amended from time to time:
  - "Breach," "Designated Record Set," "Data Aggregation," Designated Record Set," "Health Care Operations," "HITECH Act," "Individual," "Privacy Rule," "Required by law," "Security Rule," and "Secretary."
- b. Business Associate Agreement, (BAA) means the Business Associate Agreement that includes privacy and confidentiality requirements of the Business Associate working with PHI and as applicable, Part 2 record(s) on behalf of the Covered Entity under the Agreement.
- c. "Constructively Identifiable," means there is a reasonable basis to believe that the information could be used, alone or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information.
- d. "Protected Health Information" ("PHI") as used in the Agreement and the BAA, means protected health information defined in HIPAA 45 CFR 160.103, limited to the information created, received, or used by Business Associate from or on behalf of Covered Entity, and includes any Part 2 records, if applicable, as defined below.
- e. "Part 2 record" means any patient "Record," relating to a "Patient," and "Patient Identifying Information," as defined in 42 CFR Part 2.11.
- f. "Unsecured Protected Health Information" means protected health information that is not secured by a technology standard that renders protected health information unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute.

#### (2) Business Associate Use and Disclosure of Protected Health Information

- a. Business Associate shall not use, disclose, maintain, store, or transmit Protected Health Information (PHI) except as reasonably necessary to provide the services outlined under the Agreement. Further, Business Associate, including but not

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Business Associate Agreement  
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## New Hampshire Department of Health and Human

### Exhibit E

limited to all its directors, officers, employees, and agents, shall protect any PHI as required by HIPAA and 42 CFR Part 2, and not use, disclose, maintain, store, or transmit PHI in any manner that would constitute a violation of HIPAA or 42 CFR Part 2.

- b. Business Associate may use or disclose PHI, as applicable:
  - I. For the proper management and administration of the Business Associate;
  - II. As required by law, according to the terms set forth in paragraph c. and d. below;
  - III. According to the HIPAA minimum necessary standard;
  - IV. For data aggregation purposes for the health care operations of the Covered Entity; and
  - V. Data that is de-identified or aggregated and remains constructively identifiable may not be used for any purpose outside the performance of the Agreement.
- c. To the extent Business Associate is permitted under the BAA or the Agreement to disclose PHI to any third party or subcontractor prior to making any disclosure, the Business Associate must obtain, a business associate agreement or other agreement with the third party or subcontractor, that complies with HIPAA and ensures that all requirements and restrictions placed on the Business Associate as part of this BAA with the Covered Entity, are included in those business associate agreements with the third party or subcontractor.
- d. The Business Associate shall not, disclose any PHI in response to a request or demand for disclosure, such as by a subpoena or court order, on the basis that it is required by law, without first notifying Covered Entity so that Covered Entity can determine how to best protect the PHI. If Covered Entity objects to the disclosure, the Business Associate agrees to refrain from disclosing the PHI and shall cooperate with the Covered Entity in any effort the Covered Entity undertakes to contest the request for disclosure, subpoena, or other legal process. If applicable relating to Part 2 records, the Business Associate shall resist any efforts to access part 2 records in any judicial proceeding.

### (3) Obligations and Activities of Business Associate

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

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## New Hampshire Department of Health and Human

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security breach as described above and communicate the risk assessment to the Covered Entity. The risk assessment shall include, but not be limited to:

- I. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
  - II. The unauthorized person who accessed, used, disclosed, or received the protected health information;
  - III. Whether the protected health information was actually acquired or viewed; and
  - IV. How the risk of loss of confidentiality to the protected health information has been mitigated.
- e. The Business Associate shall complete a risk assessment report at the conclusion of its incident or breach investigation and provide the findings in a written report to the Covered Entity as soon as practicable after the conclusion of the Business Associate's investigation.
  - f. Business Associate shall make available all of its internal policies and procedures, books and records relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of Covered Entity to the US Secretary of Health and Human Services for purposes of determining the Business Associate's and the Covered Entity's compliance with HIPAA and the Privacy and Security Rule, and Part 2, if applicable.
  - g. Business Associate shall require all of its business associates that receive, use or have access to PHI under the BAA to agree in writing to adhere to the same restrictions and conditions on the use and disclosure of PHI contained herein.
  - h. Within ten (10) business days of receipt of a written request from Covered Entity, Business Associate shall make available during normal business hours at its offices all records, books, agreements, policies and procedures relating to the use and disclosure of PHI to the Covered Entity, for purposes of enabling Covered Entity to determine Business Associate's compliance with the terms of the BAA and the Agreement.
  - i. Within ten (10) business days of receiving a written request from Covered Entity, Business Associate shall provide access to PHI in a Designated Record Set to the Covered Entity, or as directed by Covered Entity, to an individual in order to meet the requirements under 45 CFR Section 164.524.
  - j. Within ten (10) business days of receiving a written request from Covered Entity for an amendment of PHI or a record about an individual contained in a Designated Record Set, the Business Associate shall make such PHI available to Covered Entity for amendment and incorporate any such amendment to enable Covered Entity to fulfill its obligations under 45 CFR Section 164.526.
  - k. Business Associate shall document any disclosures of PHI and information related to any disclosures as would be required for Covered Entity to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.
  - l. Within ten (10) business days of receiving a written request from Covered Entity for a request for an accounting of disclosures of PHI, Business Associate shall make available to Covered Entity such information as Covered Entity may require to fulfill its obligations to provide an accounting of disclosures with respect to PHI<sup>Initial</sup>

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Business Associate Agreement  
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## New Hampshire Department of Health and Human

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accordance with 45 CFR Section 164.528.

- m. In the event any individual requests access to, amendment of, or accounting of PHI directly from the Business Associate, the Business Associate shall within five (5) business days forward such request to Covered Entity. Covered Entity shall have the responsibility of responding to forwarded requests. However, if forwarding the individual's request to Covered Entity would cause Covered Entity or the Business Associate to violate HIPAA and the Privacy and Security Rule, the Business Associate shall instead respond to the individual's request as required by such law and notify Covered Entity of such response as soon as practicable.
  - n. Within thirty (30) business days of termination of the Agreement, for any reason, the Business Associate shall return or destroy, as specified by Covered Entity, all PHI received from or created or received by the Business Associate in connection with the Agreement, and shall not retain any copies or back-ups of such PHI in any form or platform.
- VI. If return or destruction is not feasible, or the disposition of the PHI has been otherwise agreed to in the Agreement, or if retention is governed by state or federal law, Business Associate shall continue to extend the protections of the Agreement, to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible for as long as the Business Associate maintains such PHI. If Covered Entity, in its sole discretion, requires that the Business Associate destroy any or all PHI, the Business Associate shall certify to Covered Entity that the PHI has been destroyed.

#### (4) Obligations of Covered Entity

- a. Covered Entity shall post a current version of the Notice of the Privacy Practices on the Covered Entity's website:  
  
<https://www.dhhs.nh.gov/oos/hipaa/publications.htm> in accordance with 45 CFR Section 164.520.
- b. Covered Entity shall promptly notify Business Associate of any changes in, or revocation of permission provided to Covered Entity by individuals whose PHI may be used or disclosed by Business Associate under this BAA, pursuant to 45 CFR Section 164.506 or 45 CFR Section 164.508.
- c. Covered entity shall promptly notify Business Associate of any restrictions on the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

#### (5) Termination of Agreement for Cause

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

#### (6) Miscellaneous

- a. Definitions, Laws, and Regulatory References. All laws and regulations <sup>Initial</sup> used,

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Business Associate Agreement

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New Hampshire Department of Health and Human

Exhibit E

herein, shall refer to those laws and regulations as amended from time to time. A reference in the Agreement, as amended to include this Business Associate Agreement, to a Section in HIPAA or 42 Part 2, means the Section as in effect or as amended.

- b. Change in law - Covered Entity and Business Associate agree to take such action as is necessary from time to time for the Covered Entity and/or Business Associate to comply with the changes in the requirements of HIPAA, 42 CFR Part 2 other applicable federal and state law.
c. Data Ownership - The Business Associate acknowledges that it has no ownership rights with respect to the PHI provided by or created on behalf of Covered Entity.
d. Interpretation - The parties agree that any ambiguity in the BAA and the Agreement shall be resolved to permit Covered Entity and the Business Associate to comply with HIPAA and 42 CFR Part 2.
e. Segregation - If any term or condition of this BAA or the application thereof to any person(s) or circumstance is held invalid, such invalidity shall not affect other terms or conditions which can be given effect without the invalid term or condition; to this end the terms and conditions of this BAA are declared severable.
f. Survival - Provisions in this BAA regarding the use and disclosure of PHI, return or destruction of PHI, extensions of the protections of the BAA in section (3) g. and (3) n.l., and the defense and indemnification provisions of the General Provisions (P-37) of the Agreement, shall survive the termination of the BAA.

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

Department of Health and Human Services

JSI

The State

Name of the Contractor

DocuSigned by: Iain Watt
D778BB63F9704C7...

Signed by: [Signature]
0498D7496F77466...

Signature of Authorized Representative

Signature of Authorized Representative

Iain watt

Susan Longley

Name of Authorized Representative

Name of Authorized Representative

Director - DPH

Executive Vice President, JSI

Title of Authorized Representative

Title of Authorized Representative

5/14/2026

5/11/2026

Date

Date

Exhibit E

Contractor Initials [Signature]

# State of New Hampshire

## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that JSI RESEARCH & TRAINING INSTITUTE, INC. is a Massachusetts Nonprofit Corporation registered to transact business in New Hampshire on February 17, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **739507**

Certificate Number: **0007927755**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 13th day of May A.D. 2026.

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

David M. Scanlan  
Secretary of State

# State of New Hampshire

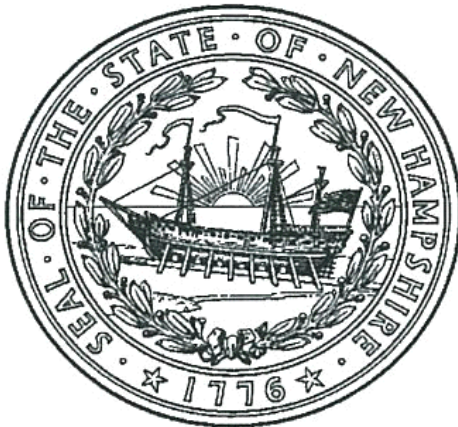
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that COMMUNITY HEALTH INSTITUTE is a New Hampshire Trade Name registered to transact business in New Hampshire on April 12, 2016. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **742096**

Certificate Number: **0007726729**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 16th 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, Robert Schlink, hereby certify that:  
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of JSI Research & Training Institute, Inc.  
(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 April 24, 2026, at which a quorum of the Directors/shareholders were present and voting.  
(Date)

**VOTED:** That Susan Longley, Craig Enstaid (may list more than one person)  
(Name and Title of Contract Signatory)

is duly authorized on behalf of JSI Research & Training Institute, Inc. to enter into contracts or agreements with the State  
(Name of Corporation/ LLC)

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

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

Dated: 4/24/26

Signature of Elected Officer

Name: Robert Schlink

Title: Assistant Clerk





# Liability Insurance

## Endorsement

*Policy Period*                    OCTOBER 1, 2025 TO OCTOBER 1, 2026

*Effective Date*                OCTOBER 1, 2025

*Policy Number*                3587-33-20 BAL

*Insured*                         JSI RESEARCH & TRAINING INSTITUTE, INC.

*Name of Company*            GREAT NORTHERN INSURANCE COMPANY

*Date Issued*                  OCTOBER 17, 2025

This Endorsement applies to the following forms:

GENERAL LIABILITY

Under Who Is An Insured, the following provision is added.

### Who Is An Insured

#### Additional Insured - Scheduled Person Or Organization

Persons or organizations shown in the Schedule are **insureds**; but they are **insureds** only if you are obligated pursuant to a contract or agreement to provide them with such insurance as is afforded by this policy.

However, the person or organization is an **insured** only:

- if and then only to the extent the person or organization is described in the Schedule;
- to the extent such contract or agreement requires the person or organization to be afforded status as an **insured**;
- for activities that did not occur, in whole or in part, before the execution of the contract or agreement; and
- with respect to damages, loss, cost or expense for injury or damage to which this insurance applies.

No person or organization is an **insured** under this provision:

- that is more specifically identified under any other provision of the Who Is An Insured section (regardless of any limitation applicable thereto).
- with respect to any assumption of liability (of another person or organization) by them in a contract or agreement. This limitation does not apply to the liability for damages, loss, cost or expense for injury or damage, to which this insurance applies, that the person or organization would have in the absence of such contract or agreement.

# NONPROFIT COVER SHEET

**A. Entity Name: JSI Research & Training Institute, Inc.**

**B. Entity’s Contact Information for Records Requests (e.g., resumes of key personnel; audited financial statements):**

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Signatory: Susan Longley: Executive Vice President, U.S. Health Services Division;  
[susan.longley@jsi.org](mailto:susan.longley@jsi.org)

Documents: Diane Lewis: Principal, Project Director; [diane.lewis@jsi.org](mailto:diane.lewis@jsi.org)

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**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>
<b>Sandro Galea, MD, MPH, DrPH (Board Chair)</b>	Dean, Washington University School of Public Health
<b>Alina Rocha Menocal (Board Member)</b>	Director, Thinking and Working Politically Community of Practice, University of Birmingham
<b>Hafiz Adamjee, M.S. (Board Member)</b>	Head of Compliance (retired), Novartis
<b>Lia Tadesse Gebremedhin, M.A., MD. (Board Member)</b>	Executive Director, Harvard Ministerial Leadership Program; Former Minister of Health
<b>Mike Useem, M.A., Ph.D. (Board Member)</b>	Faculty Director, McNulty Leadership Program Wharton School, University of Pennsylvania
<b>Dr. Muka Chikuba-McLeod (Board Member, Ex-Officio)</b>	President/CEO, JSI Research & Training Institute, Inc.
<b>Dr. Nneka Mobisson (Board Member)</b>	Co-founder and CEO of mDoc
<b>Topsy Kola-Oyeneyin (Board Member)</b>	Managing Partner, Augmentum Advisory
<b>Monica Valdes Lupi</b>	Managing Director for Health, Kresge Foundation

**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>
<b>Diane Lewis</b>	Project Director	\$135,831	\$15,738
<b>Alyssa Carlisle</b>	Project Manager	\$79,836	\$7,837
<b>Steve Schaffer</b>	Data Scientist/GIS Analyst	\$135,673	\$27,876
<b>Katie Shanahan</b>	Data Scientist	\$183,441	\$27,054
<b>Emily Lu</b>	Project Coordinator	\$68,289	\$18,600
<b>Daniel Hostetler</b>	Tableau Consultant	\$115,484	\$4,556

**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).

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**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>

16479	RTI Research & Training Institute, Inc.	44 Farnsworth Street Boston, MA 02210	Boston	MA	02210	G	8/15/2026
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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>Other salaries &amp; wages</i>	\$
<i>Program Services Revenue</i>	\$	<i>Payroll taxes &amp; employee benefits</i>	\$
<i>Interest &amp; Dividends</i>	\$	<i>Occupancy, rent, utilities, and insurance</i>	\$
<i>All other Revenue</i>	\$	<i>Printing, publications, postage, office supplies, and IT</i>	\$
<u>Total Revenue</u>	\$	<i>All other expenses</i>	\$
		<u>Total Expenses</u>	\$

## 2. BALANCE SHEET

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



# Better Health & Education Outcomes. For All.



At JSI, we believe that all people should have what they need to live their healthiest lives and reach their full potential. We are dedicated to improving lives through better health and education outcomes for individuals and communities and to providing an environment where people of passion can pursue this cause.

## Our Approach

JSI works hand-in-hand with government agencies, community organizations, and the private sector to design pragmatic strategies for complex problems. We drive measurable impact in public health, health care, and education to enhance the well-being of people in the United States and around the world. Clients and funders rely on JSI for exceptional partnership, technical insight, context alignment, and adaptive thinking.

## Our Reach

As a global organization, JSI has designed, delivered, and scaled programs in more than 50 countries worldwide. In the U.S., JSI has worked in evaluation, training and technical assistance, policy, and strategy in all 50 states.



## Our Services

Program Design and Implementation

Applied Research and Evaluation

Training and Technical Assistance

Strategic Planning

Policy Development and Implementation

## Our Expertise and Results

With the support of private, government, and philanthropic funders, JSI has built a reputation of excellence. Here are a few examples of the world-class results we have delivered:

### We expand access to lifesaving medicines and health products at scale.

Supported Tanzania's electronic logistics management system to achieve 99.9% uptime, increasing national health supply chain visibility

99.9%



### We use digital transformation to improve patient outcomes and systems efficiency.

Trained 1,000+ U.S. health centers in optimizing digital systems and AI tools to improve patient outcomes



### We increase access to immunizations for individuals and communities.

Reached over 2.8 million infants annually across 7 countries with life-saving vaccinations



### We support community health workers in the United States.

Evaluated programming with 3,600+ community health workers serving 20 million Americans and identified emergency preparedness best practices



### We prevent, detect, and treat infectious diseases globally.

Increased treatment success rates for multidrug-resistant TB from 55% to 75% in the Kyrgyz Republic

75%



### We advance policy and practice change in primary care and behavioral health.

Supported primary care and behavioral health associations in 20 U.S. states to improve access to integrated care provided by organizations serving 40+ million people nationally

40+ million



### We scale data and digital solutions to improve efficiency.

Equipped 5,500 health providers with digital tools to serve 16 million clients in Ethiopia



### We support the future of the American workforce.

Supported adult educators to integrate digital skills and resilience resources used in over 800 programs reaching 50,000+ learners



Consolidated Financial Statements and  
Report of Independent Certified Public  
Accountants and Reports in  
Compliance with Uniform Guidance

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

September 30, 2024 and 2023

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**GRANT THORNTON LLP**

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Boston, MA 02109

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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS**

Board of Directors  
JSI Research and Training Institute, Inc.

**Opinion**

We have audited the consolidated financial statements of JSI Research and Training Institute, Inc. and affiliates (the "Organization"), which comprise the consolidated statements of financial position as of September 30, 2024 and 2023, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Organization as of September 30, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

**Basis for opinion**

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

**Responsibilities of management for the financial statements**

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

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

**Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS 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 consolidated financial statements.

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

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

**Supplementary information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures. These additional procedures included comparing and reconciling such information



directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with US GAAS. In our opinion, the accompanying supplementary information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

**Other reporting required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated June 10, 2025 on our consideration of the Organization'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 Organization'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 Organization's internal control over financial reporting and compliance.

*Grant Thornton LLP*

Boston, Massachusetts  
June 10, 2025

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

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

September 30, 2024 and 2023

<b>ASSETS</b>	<b>2024</b>	<b>2023</b>
<b>Current assets</b>		
Cash and cash equivalents	\$ 175,627,874	\$ 198,258,786
Receivables for program work	64,413,792	79,831,673
Field advances - program	414,536	540,895
Employee advances	110,988	176,555
Inventory	58,157,411	51,056,340
Prepaid expenses and other current assets	15,310,164	18,430,741
Total current assets	314,034,765	348,294,990
<b>Property and equipment, net</b>	5,334,028	6,567,204
<b>Goodwill, net</b>	581,900	727,375
<b>Right-of-use assets</b>	35,959,137	41,961,185
<b>Other assets</b>	1,653,288	3,041,817
Total assets	<u>\$ 357,563,118</u>	<u>\$ 400,592,571</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>		
Accounts payable and accrued expenses	\$ 60,080,426	\$ 59,658,105
Accrued vacation	4,787,668	4,651,012
Lease liabilities	5,652,473	7,444,243
Advances for program work	133,604,024	176,180,268
Total current liabilities	204,124,591	247,933,628
<b>Long-term lease liabilities</b>	30,652,647	34,822,121
Total liabilities	234,777,238	282,755,749
<b>Net assets</b>		
Without donor restrictions	122,120,139	117,036,234
With donor restrictions	665,741	800,588
Total net assets	122,785,880	117,836,822
Total liabilities and net assets	<u>\$ 357,563,118</u>	<u>\$ 400,592,571</u>

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

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

## CONSOLIDATED STATEMENTS OF ACTIVITIES

Years ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Net assets without donor restrictions</b>		
Support and revenue		
Public support		
Global Fund	\$ 400,393,311	\$ 415,379,336
Government grants and contracts		
U.S. Government	268,428,164	354,586,872
Commonwealth of Massachusetts	18,803,065	20,585,288
Other grants and contracts	99,280,182	105,338,023
Contributed net assets (see Note 3)	-	291,248
Program income	303,336	166,488
Contributions	50,422	181,469
Net assets released from restriction	184,802	24,497
In-kind project contributions	5,207,551	862,161
Other income	629,526	140,980
Interest income	<u>2,815,917</u>	<u>1,776,163</u>
Total support and revenue	796,096,276	899,332,525
Expenses		
Program services		
International programs	658,852,169	760,016,335
Domestic programs	<u>62,138,674</u>	<u>74,001,338</u>
Total program services	720,990,843	834,017,673
Supporting services		
Management and general	68,598,569	52,945,220
Fundraising	<u>-</u>	<u>21,731</u>
Total supporting services	68,598,569	52,966,951
Other expenses		
Income taxes	442,400	4,422,777
Unallowable costs	<u>980,559</u>	<u>1,219,515</u>
Total expenses	791,012,371	892,626,916
Change in net assets without donor restrictions	5,083,905	6,705,609
<b>Net assets with donor restrictions</b>		
Contributions, net of net asset releases of \$184,802 and 24,497, respectively	<u>(134,847)</u>	<u>49,921</u>
<b>CHANGES IN NET ASSETS</b>	4,949,058	6,755,530
<b>Net assets at beginning of year</b>	<u>117,836,822</u>	<u>111,081,292</u>
<b>Net assets at end of year</b>	<u><u>\$ 122,785,880</u></u>	<u><u>\$ 117,836,822</u></u>

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

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

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**

**Year ended September 30, 2024**

	<b>Program Services</b>			<b>Supporting Services</b>		
	<b>International Programs</b>	<b>Domestic Programs</b>	<b>Total</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>Total</b>
Commodities	\$ 357,046,741	\$ -	\$ 357,046,741	\$ -	\$ -	\$ 357,046,741
Freight costs	37,610,562	-	37,610,562	-	-	37,610,562
Salaries	58,450,932	35,858,516	94,309,448	44,302,937	-	138,612,385
Consultants	8,640,591	1,614,791	10,255,382	2,453,195	-	12,708,577
Cooperating national salaries	53,059,098	-	53,059,098	1,128,469	-	54,187,567
Travel	19,979,182	1,276,149	21,255,331	1,744,553	-	22,999,884
Allowance and training	4,204,768	14,816	4,219,584	44,374	-	4,263,958
Subgrants	59,993,259	1,699,437	61,692,696	40,213	-	61,732,909
Subcontracts	12,798,630	17,426,987	30,225,617	156,140	-	30,381,757
Equipment, material and supplies	11,572,456	84,192	11,656,648	1,052,130	-	12,708,778
Other costs	27,904,504	4,142,326	32,046,830	15,377,595	-	47,424,425
Information technology	78,019	-	78,019	891,452	-	969,471
Quality assurance	66,607	-	66,607	-	-	66,607
Equipment over \$5,000	1,921,698	21,053	1,942,751	-	-	1,942,751
VAT	317,571	407	317,978	-	-	317,978
In-kind project expenses	5,207,551	-	5,207,551	-	-	5,207,551
Depreciation and amortization	-	-	-	1,407,511	-	1,407,511
<b>Total expense</b>	<b>\$ 658,852,169</b>	<b>\$ 62,138,674</b>	<b>\$ 720,990,843</b>	<b>\$ 68,598,569</b>	<b>\$ -</b>	<b>\$ 789,589,412</b>

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

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

**CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES**

**Year ended September 30, 2023**

	<b>Program Services</b>			<b>Supporting Services</b>		
	<b>International Programs</b>	<b>Domestic Programs</b>	<b>Total</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>Total</b>
Commodities	\$ 376,216,569	\$ -	\$ 376,216,569	\$ -	\$ -	\$ 376,216,569
Freight costs	41,410,482	-	41,410,482	-	-	41,410,482
Salaries	53,235,995	39,228,072	92,464,067	34,488,777	2,509	126,955,353
Consultants	21,890,660	8,678,182	30,568,842	4,125,306	-	34,694,148
Cooperating national salaries	65,219,485	1,581,774	66,801,259	875,014	-	67,676,273
Travel	28,174,875	2,037,035	30,211,910	1,576,128	-	31,788,038
Allowance and training	12,953,687	324,885	13,278,572	568,850	-	13,847,422
Subgrants	46,756,192	583,286	47,339,478	158,030	-	47,497,508
Subcontracts	59,210,032	10,157,643	69,367,675	75,150	-	69,442,825
Equipment, material and supplies	12,714,542	716,540	13,431,082	1,356,069	-	14,787,151
Other costs	33,972,645	10,595,081	44,567,726	7,427,317	19,222	52,014,265
Information technology	161,498	-	161,498	873,822	-	1,035,320
Non-commodity	308,387	-	308,387	-	-	308,387
Quality assurance	38,931	-	38,931	-	-	38,931
Equipment over \$5,000	5,730,415	35,838	5,766,253	-	-	5,766,253
VAT	593,976	63,002	656,978	-	-	656,978
In-kind project expenses	1,427,964	-	1,427,964	-	-	1,427,964
Depreciation	-	-	-	1,420,757	-	1,420,757
<b>Total expense</b>	<b>\$ 760,016,335</b>	<b>\$ 74,001,338</b>	<b>\$ 834,017,673</b>	<b>\$ 52,945,220</b>	<b>\$ 21,731</b>	<b>\$ 886,984,624</b>

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

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

**CONSOLIDATED STATEMENT OF CASH FLOWS**

**Years ended September 30, 2024 and 2023**

**Cash flows from operating activities:**

Change in net assets	\$ 4,949,058	\$ 6,755,530
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation and amortization	1,407,511	1,420,757
(Increase) decrease in operating assets:		
Receivables for program work	15,417,881	(16,248,188)
Field advances - program	126,359	(171,747)
Employee advances	65,567	54,735
Inventory	(7,101,071)	43,038,776
Prepaid expenses and other current assets	3,120,577	(10,049,422)
Right-of-use assets	6,002,048	4,326,258
Other assets	1,388,529	(1,892,358)
Increase (decrease) in operating liabilities:		
Accounts payable and accrued expenses	422,321	(17,336,680)
Accrued vacation	136,656	1,883,560
Advances for program work	(42,576,244)	55,147,460
Lease liabilities	(5,961,244)	(4,103,657)
	<u>(22,602,052)</u>	<u>62,825,024</u>

**Cash flows from investing activities:**

Acquisition of The Manoff Group, net of cash acquired	-	(403,359)
Contributed net assets, net of cash received	-	2,039,409
Acquisition of property and equipment	(28,860)	(1,846,608)
	<u>(28,860)</u>	<u>(210,558)</u>

Net cash used in operating activities

**NET (DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS**

(22,630,912) 62,614,466

**Cash and cash equivalents at beginning of year**

198,258,786 135,644,320

**Cash and cash equivalents at end of year**

\$ 175,627,874 \$ 198,258,786

**Supplemental cash flow information:**

Cash paid during the year for income taxes	\$ -	\$ 936,475
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The accompanying notes are an integral part of these consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS****September 30, 2024 and 2023****NOTE 1 - ORGANIZATION AND NATURE OF ACTIVITIES**

JSI Research and Training Institute, Inc. (“R&T”) was incorporated in the Commonwealth of Massachusetts on April 11, 1979. R&T is a global nonprofit dedicated to improving lives around the world through greater health, education, and socio-economic equity for individuals and communities. As of September 30, 2024, funding is principally from the United States Agency for International Development (“USAID”) and the United States Department of Health and Human Services (“DHHS”).

R&T is the sole member of The Partnership for Supply Chain Management, Inc. (“PFSCM”), InSupply Health Limited (“InSupply”), and the sole shareholder of Community Economics Corporation (“CEC”) and John Snow India Private Limited (“JSIPL”). R&T is accorded with such powers as are typical for a sole member including the power of appointment and removal of the affiliates’ board of trustees, the right to approve amendments to the bylaws and certificate of incorporation, and the right to approve any merger, consolidation, dissolution or transfer of substantial assets of affiliates.

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

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

Community Economics Corporation (CEC) is controlled by R&T and during fiscal year 2024 was engaged in providing information, consulting, and problem-solving services, advice and management. All of CEC’s revenue is received from related parties. As of September 30, 2024, CEC ceased operations and entered dormant status.

John Snow India Private Limited (JSIPL) is controlled by R&T and is engaged in implementing public health programs at scale to support India’s efforts to improve maternal, newborn and child health and nutrition, strengthen immunization systems, reduce the spread of communicable diseases, and build capacity for managing complex supply chains.

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

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

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**September 30, 2024 and 2023**

As of the end of fiscal year 2023, in addition to being the sole member of The Partnership for Supply Chain Management, Inc. (“PFSCM”), InSupply Health Limited (“InSupply”), and the sole shareholder of Community Economics Corporation (“CEC”) and John Snow India Private Limited (“JSIPL”), R&T was also the sole shareholder of John Snow, Inc. (“JSI”) and the sole member of World Education, Inc. (“WEI”) through June 30, 2023, at which time WEI was merged into R&T and no longer exists as a separate legal entity. In addition, through September 30, 2022, JSI was a 40% shareholder of The Manoff Group, Inc. (“TMG”) which was reflected on the financials utilizing the equity method of accounting for investments. Effective October 1, 2022, JSI purchased the remaining shares of TMG’s stock. As a result, TMG’s fiscal year 2023 activity is included in the fiscal year 2023 consolidated financials. Effective October 1, 2023, TMG was merged into R&T and no longer exists as a separate legal entity.

John Snow, Inc. (“JSI”) was an international management-consulting firm organized on May 29, 1975, in the Commonwealth of Massachusetts. JSI provided research and consulting services to public health programs, health care and service sectors. Its mission was to work with clients to improve the quality of their operations. Funding was principally with the United States Agency for International Development. Effective October 1, 2023, JSI was merged into R&T and no longer exists as a separate legal entity.

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

The Manoff Group, Inc. (“TMG”) was incorporated December 1, 1988 in the Commonwealth of Massachusetts. TMG provided social and behavior change, strategic program assistance and social marketing services that include: in depth consumer research to better understand and be responsive to client needs; effective and creative social and behavior strategies and communication plans to promote new products, better health and nutrition practices, and increased utilization of program services; skills development training in social marketing; and assistance to strengthen linkage between the government and private sector firms working in social and behavior change programming, marketing and communication.

In fiscal year 2023, R&T and its affiliates, excluding JSI, CEC, JSIPL, and TMG, were tax exempt organizations under 501(c)(3) of the Internal Revenue Code (“IRC”), while InSupply is subject to Kenyan income tax based on the Kenyan Income Tax Act.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Principles of Consolidation***

In fiscal year 2024, the consolidated financial statements include the accounts of R&T, InSupply, CEC, JSIPL, and PFSCM, (collectively referred to as the “Organization”). All intercompany balances and transactions have been eliminated in consolidation.

In fiscal year 2023, the consolidated financial statements include the accounts of R&T, WEI, JSI, InSupply, CEC, TMG, JSIPL, and PFSCM, (collectively referred to as the “Organization”). All intercompany balances and transactions have been eliminated in consolidation.

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023*****Basis of Accounting***

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

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

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

***Use of Estimates***

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

***Cash and Cash Equivalents***

The Organization considers all monies in banks and highly liquid investments with maturity dates of three months or less to be cash equivalents. The carrying value of cash and cash equivalents approximates fair value because of the short maturities of those financial instruments. Total cash held in foreign accounts was \$14,486,457 and \$17,294,403 at September 30, 2024 and 2023, respectively.

***Inventory***

Inventory consists of in-transit commodities purchased for use in program services. Inventory is valued at the lower of cost or net realizable value.

***Property and Equipment***

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

***Revenue Recognition*****Grants and Contracts**

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

The Organization recognizes revenue from external organizations for services provided under exchange and non-exchange grants and contracts. Unconditional grants, contracts, and contributions are recognized as revenue in the period received in the appropriate net asset category, based on the existence or absence of donor-imposed restrictions. If donor-imposed restrictions are present, the associated revenue is reported

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023**

as an increase in net assets with donor restrictions and are reclassified to net assets without donor restrictions when the restrictions are met. Grants and contracts revenues whose restrictions are met in the same reporting period are reported as net assets without donor restriction.

Revenues from non-exchange transactions may be subject to conditions in the form of both a barrier to entitlement and a refund of amounts paid (and a release from obligation to make future payments). The Organization recognizes revenue earned from conditional non-exchange grants and contracts as these conditions are satisfied. At September 30, 2024 and 2023, the Organization had \$352,769,212 and \$397,101,328, respectively, of conditional grants and contracts not recognized as revenue in the statement of activities.

Revenues from exchange transactions are recognized as the Organization satisfies performance obligations, which in some cases, mirrors the timing of when related costs are incurred. In the case of the procurement and delivery of commodities revenues are recognized upon receipt by the customer. As of September 30, 2024 and 2023, included in advances for program work is \$77,977,551 and \$99,852,811, respectively, of deferred revenue related to exchange transactions, which will be recognized as revenue upon completion of delivery of commodities and receipt by the customer. Also included in the advances for program work as of September 30, 2024 and 2023, is \$55,626,473 and \$76,327,458, respectively, of non-exchange grant funding received in advance of revenue being earned.

***Donated Materials and Services***

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

***Income Taxes***

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

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

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

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

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023**

JSI has evaluated its tax positions and believes that there would be no material changes to the results of its operations or financial position as a result of an audit by the applicable taxing authorities, federal or state. JSI has filed all of its known and required returns in a timely manner including, as permitted, allowed extensions. Following administrative practice of the taxing authorities, the tax years 2018 through 2024 remain open years subject to possible examination and review.

***Functional Allocation of Expenses***

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

***Foreign Currency Transactions***

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

***Receivables for Program Work***

Receivables for program work are reported at their face amounts less an allowance for credit losses. The Organization evaluates its accounts receivable and establishes the allowance for credit losses based on a combination of specific funder circumstances and credit conditions and based on a history of write-offs and collections. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the allowance for credit losses. The allowance for credit losses at September 30, 2024 and 2023 was \$0 and \$0, respectively. Included in receivables for program work is \$56,059,350 and \$71,073,501 of amounts billed and \$8,354,442 and \$8,758,172 of amounts unbilled at September 30, 2024 and 2023, respectively.

***Goodwill***

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

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

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023**

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

No triggering events were identified during fiscal 2024 and 2023.

Leases

Operating lease right-of-use assets ("ROU") and lease liabilities are recognized at the lease commencement date based on the present value of the lease payments using the implicit rate when readily determinable. If the lease does not provide an implicit rate, the Organization uses the risk-free discount rate over the lease term. ROU assets also include adjustments related to lease payments made and lease incentives received at or before the commencement date. The ROU assets are included in other assets, net of accumulated amortization and lease incentives and the related ROU liabilities are included in ROU liabilities in the consolidated statement of financial position. Operating lease expense is recognized on a straight-line basis over the lease term within the appropriate functional category in the statement of activities. Lease terms may include options to extend or terminate the lease when it is reasonably certain the Organization will exercise the option.

Finance lease ROU assets (if any) are included in property, plant, and equipment, net of accumulated amortization and lease incentives, and the related ROU liabilities are included in ROU liabilities, in the consolidated statement of financial position.

The Organization has elected to account for lease and non-lease components as a single component. In addition, the Organization has elected to establish a short-term lease exception policy, permitting the Organization to not apply the recognition requirements to short-term leases (i.e., lease with terms of twelve months or less).

**NOTE 3 - ACQUISITION OF TMG**

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

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

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

**JSI Research and Training Institute, Inc. and Affiliates**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**  
**September 30, 2024 and 2023**

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

Amortization expense on goodwill was \$145,475 during fiscal year 2024.

**NOTE 4 - INSUPPLY**

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

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

As there was no consideration related to this transaction the \$291,371 is reflected in the 2023 consolidated statement of activities as contributed net assets.

**NOTE 5 - CONCENTRATION OF CREDIT RISK - CASH**

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

**NOTE 6 - PROPERTY AND EQUIPMENT AND ACCUMULATED DEPRECIATION**

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

	<u>2024</u>	<u>2023</u>
Furniture and equipment	\$ 4,321,686	\$ 4,427,328
Leasehold improvements	<u>13,504,917</u>	<u>13,504,917</u>
 Gross property and equipment	 17,826,603	 17,932,245
Less: accumulated depreciation	<u>(12,492,575)</u>	<u>(11,365,041)</u>
 Property and equipment, net	 <u>\$ 5,334,028</u>	 <u>\$ 6,567,204</u>

Depreciation expense was \$1,262,036 and \$1,420,757 for the year ended September 30, 2024 and 2023, respectively.

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023****NOTE 7 - ADVANCES FOR PROGRAM WORK**

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

	2024	2023
Bill and Melinda Gates Foundation	\$ 25,578,360	\$ 32,455,067
Various donors	51,304,227	63,557,232
Global Fund	56,721,437	79,602,223
Doris Duke Charitable Foundation	-	565,746
	\$ 133,604,024	\$ 176,180,268

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

**NOTE 8 - DEBT**

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

R&T (JSI prior to October 1, 2023) has a revolving demand loan with a bank. The loan allows for borrowings up to \$6,500,000. Interest is charged by utilizing a fluctuating rate based on a per annum rate equal to 2.00% above the one-month BSBY, payable monthly in arrears, which at September 30, 2024 and 2023 was 7.25% and 7.39%, respectively. The loan is collateralized by a security agreement with a first lien on all business assets of JSI and R&T, including assignment of promissory notes and security documents between the two companies. The bank's agreement to advance funds is subject to an annual review in April. As of September 30, 2024 and 2023, there were no outstanding borrowings under this agreement.

**NOTE 9 - CONTINGENCIES**

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

Provisional indirect cost rates are negotiated with the USAID on an annual basis. As of September 30, 2024 and 2023, actual indirect cost rates have been approved by USAID for JSI Research and Training Institute, Inc. and JSI through December 31, 2021 and WEI through June 30, 2022. Based on favorable past experience, management believes the effects of changes to the overhead rates, if any, would not be material to the consolidated financial statements.

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023****NOTE 10 - NET ASSETS**

Donor restricted net assets as of September 30, 2024 and 2023 are restricted for use in specific programs and/or projects that are specified by the donor.

Included in net assets without donor restrictions as of September 30, 2024 and 2023, is common stock of CEC totaling \$2,050 and \$2,050, respectively.

Included in net asset without donor restrictions as of September 30, 2024 and 2023 is common stock of TMG totaling \$0 and \$43,875, respectively.

As of September 30, 2023, JSI had 875 shares of \$1 par value common stock authorized, issued and outstanding.

As of September 30, 2024 and 2023, JSIPL has 1,000 and 1,000 shares, respectively, of no-par value common stock authorized, and 100 shares issued and outstanding.

**NOTE 11 - RETIREMENT PLANS**

R&T has a defined contribution profit sharing/401(k) plan covering substantially all of its employees. R&T contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll, to the plan. In addition, employees receive a 100% match on the first 2% of employee contributions made to the plan. Employees are automatically enrolled at 2% either at the time of hire, or annually in July, but may elect to opt out of contributing to the plan. Pension expense was \$7,054,218 and \$4,948,085 for the year ended September 30, 2024 and 2023, respectively.

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

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

PFSCM has a defined contribution profit sharing/401(k) plan covering substantially all of its employees. PFSCM contributes an amount equal to 7% of the employee's monthly earnings, funded with each month's payroll. In addition, employees receive a 100% match on the first 2% of contributions made to the plan. Employees are automatically enrolled at 2% either at the time of hire, or annually in July, but may elect to opt out of contributing to the plan. Pension expense was \$634,091 and \$236,643 for the year ended September 30, 2024 and 2023, respectively.

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

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

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**September 30, 2024 and 2023**

**NOTE 12 - COMMITMENTS**

***Operating Leases***

R&T leases space for general offices under operating leases expiring from 2024 through 2030. The leases contain renewal options for periods of up to five years.

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

Prior to the merger, JSI leased space for general offices under operating leases expiring at various dates through 2030. The leases contain renewal options for five to ten-year periods. These leases were novated to R&T.

WEI, prior to its merger into R&T, leased space for general offices on a year-to-year basis.

During the year ended September 30, 2024, operating lease costs and lease costs under short-term leases were \$7,530,925 and \$0, respectively. During the year ended September 30, 2023, operating lease costs and lease costs under short-term leases were \$6,768,178 and \$1,072,723, respectively.

Future obligations under operating leases as of September 30, 2024 are:

2025	\$ 6,076,762
2026	5,686,104
2027	6,856,692
2028	6,937,426
2029	7,091,003
Thereafter	<u>4,649,965</u>
	<u>\$ 37,297,952</u>

Supplemental information related to operating leases as of September 30, 2024 and 2023, consists of the following:

	<u>2024</u>	<u>2023</u>
ROU assets	\$ 41,961,185	\$ 49,468,669
Accumulated amortization	<u>(6,002,048)</u>	<u>(7,507,484)</u>
ROU assets, net	<u>\$ 35,959,137</u>	<u>\$ 41,961,185</u>
ROU liabilities, current	\$ 5,652,473	\$ 7,444,243
ROU liabilities, non-current	<u>30,652,647</u>	<u>34,822,121</u>
ROU liabilities	<u>\$ 36,305,120</u>	<u>\$ 42,266,364</u>

**JSI Research and Training Institute, Inc. and Affiliates****NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED****September 30, 2024 and 2023**

The following summarizes cash flow and supplemental noncash information related to the Organization's leases for the year ended September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash flows from operating leases	\$ 7,695,649	\$ 8,542,737
ROU assets obtained in exchange for new lease liabilities	954,169	1,141,435

Supplemental information related to leases as of September 30, 2024 and 2023, consist of the following:

	<u>2024</u>	<u>2023</u>
Weighted-average remaining lease term (in months)	65	77
Weighted-average discount rate	1.82%	1.78%

**NOTE 13 - CONCENTRATION OF FUNDING**

The Organization received 10% or more of its revenues and support from the following sources for the year ended September 30, 2024 and 2023:

	<u>2024</u>		<u>2023</u>	
	<u>Revenue</u>	<u>% of Total Income</u>	<u>Revenue</u>	<u>% of Total Income</u>
The Global Fund (PfSCM)	\$ 400,393,311	51%	\$ 415,379,336	45%
U.S. Agency for International Development (R&T for FY24; R&T, JSI and WEI for FY23)	\$ 230,953,857	29%	\$ 320,332,065	34%

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

**NOTE 14 - LIQUIDITY AND AVAILABILITY OF RESOURCES**

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

**JSI Research and Training Institute, Inc. and Affiliates**  
**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS - CONTINUED**

**September 30, 2024 and 2023**

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

	<u>2024</u>	<u>2023</u>
Cash and cash equivalents	\$ 175,627,874	\$ 198,258,786
Receivables for program work	64,413,792	79,831,673
	<u>240,041,666</u>	<u>278,090,459</u>
Total financial assets available within one year		
Less: donor restricted assets	<u>(665,741)</u>	<u>(800,588)</u>
Total financial assets available to management for general expenditures within one year	<u>\$ 239,375,925</u>	<u>\$ 277,289,871</u>

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

**NOTE 15 - SUBSEQUENT EVENTS**

The Organization has evaluated subsequent events through June 10, 2025, the date on which the consolidated financial statements were available to be issued.

During the year ended September 30, 2024, the Organization received approximately 34% of its funding from various U.S. government agencies, including USAID which represented 29% of total revenues for this period. In January 2025, the U.S. government paused almost all foreign aid programs and initiated a 90-day review period to assess alignment of programs with current administration policy. Upon completion of this review the vast majority of USAID contracts were cancelled. Given these circumstances, in February 2025 management implemented cost reduction measures including a substantial reduction in force. Given these measures and the Organization's available cash and cash equivalents, management believes that the Organization has sufficient liquidity to meet its liabilities for at least one year from the date of the issuance of these financial statements.

SUPPLEMENTARY INFORMATION

JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program	Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
<b>U.S. Department of Agriculture</b>					
<b>Gus Schumacher Nutrition Incentive Program</b>					
Springfield Community	Pass-through grant	agreement @ 1.26.2023	10.331	\$ 5,943	\$ -
<b>WIC Special Supplemental Nutrition Program For Women, Infants, and Children</b>					
The Opportunity Alliance	Pass-through grant	TOA103124	10.557	36,116	-
<b>SNAP Cluster</b>					
NY Dept of Health	Pass-through grant	DH01-C36068GG-3450000	10.561	380,874	136,973
<b>Food for Education</b>					
World Food Program	Pass-through grant	WFP/USDA/NEPAL/FFE3 62479	10.608	386,034	172,876
World Food Program	Pass-through grant	WFP/USDA/Nepal/FFE-4 Subtotal AL#10.608	10.608	42,341	13,660
				<u>428,375</u>	<u>186,536</u>
<b>USDA</b>					
World Food Program	Pass-through grant	WFP/USDA/CAM/MGD FFE	10.U57	480,519	-
		<b>Subtotal U.S. Department of Agriculture</b>		<b>1,331,827</b>	<b>323,509</b>
<b>U.S. Department of Justice</b>					
<b>Treatment Court Discretionary Grant Program</b>					
NH Department of Justice	Pass-through grant	NH DOJ DCATT 2.0	16.585	63,691	-
NH Department of Justice	Pass-through grant	NH DOJ DCATT 2.0 Subtotal AL#16.585	16.585	70,980	-
				<u>134,671</u>	<u>-</u>
<b>Comprehensive Opioid, Stimulant, and other Substances Use Program</b>					
County of Cumberland	Pass-through grant	Pathways for ME	16.585	22,033	-
NH Department of Justice	Pass-through grant	NH DOJ COSSAP	16.585	6,149	-
		Subtotal AL#16.585		<u>28,182</u>	<u>-</u>
		<b>Subtotal U.S. Department of Justice</b>		<b>162,853</b>	<b>-</b>
<b>U.S. Department of Labor</b>					
U.S. Department of Labor	Direct grant	International Labor Programs	17.401	296,775	40,976
		<b>Subtotal U.S. Department of Labor</b>		<b>296,775</b>	<b>40,976</b>
<b>U.S. Department of State</b>					
<b>Weapons Removal and Abatement</b>					
U.S. DEPARTMENT OF STATE	Direct grant	DOS/LAOS/WVMF 62458	19.800	53,098	-
U.S. DEPARTMENT OF STATE	Direct grant	DOS/LAOS/LAWANO EOR 62473	19.800	450,036	-
U.S. DEPARTMENT OF STATE	Direct grant	DOS/LAOS/IUS MED FUND UXO	19.800	9,459	-
		<b>Subtotal United States Department of State</b>		<b>512,593</b>	<b>-</b>
<b>U.S. Department of transportation</b>					
<b>Highway Safety Cluster</b>					
RI Department of Labor	Direct grant	National Priority Safety Programs	20.616	10,997	-
		<b>Subtotal U.S. Department of transportation</b>		<b>10,997</b>	<b>-</b>
<b>U.S. Department of the Treasury</b>					
<b>COVID-19 - CORONAVIRUS STATE AND LOCAL FISCAL RECOVERY FUNDS</b>					
ECONOMIC DEV & INDUS CORP	Pass-through grant	BOSTON OWD PHASE III	21.027	1,860	-
City of Denver	Pass-through grant	CODENVER AIAN Healing COV	21.027	8,933	-
ECONOMIC DEV & INDUS CORP	Pass-through grant	EDIC / OWD PHASE II 61305	21.027	49,289	6,098
		<b>Subtotal U.S. Department of the Treasury</b>		<b>60,082</b>	<b>6,098</b>
<b>State and Tribal Indoor Radon Grants</b>					
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	66.032	56,580	-
				<u>56,580</u>	<u>-</u>
<b>Performance Partnership Grants</b>					
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	66.605	10,261	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	66.605	2,967	-
				<u>13,218</u>	<u>-</u>
<b>Environmental Justice Thriving Communities Grantmaking Program (EJ TCGM)</b>					
US EPA	Direct grant	EPA MAP EJ Grants	66.615	578,516	-
		<b>Subtotal Environmental Protection Agency</b>		<b>648,314</b>	<b>-</b>
<b>U.S. Department of Education</b>					
<b>Adult Education - Basic Grants to States</b>					
DPTMNTS OF EDU-NEW ENGLND NELRC CT FY25	Pass-through grant		84.002A	3,630	-
DPTMNTS OF EDU-NEW ENGLND NELRC-CT	Pass-through grant		84.002A	8,663	-
		Subtotal AL#84.002A		<u>12,293</u>	<u>-</u>
<b>Education Research, Development and Dissemination</b>					
AMER INST FOR RESEARCH	Pass-through grant	AIR/IES/NETWRK LEAD 61276	84.305N	70,447	-
AMER INST FOR RESEARCH	Pass-through grant	AIR/IES/TSTM 61280	84.305N	269,263	131,250
WESTED	Pass-through grant	WESTED/DOE/IES/NRCY 61278	84.305N	3,938	-
		Subtotal AL#84.305		<u>343,648</u>	<u>131,250</u>
<b>COVID-19 - Education Stabilization Fund</b>					
Hampton University	Pass-through grant	HMPTN UNIV - VA Workforce	84.425	93,179	-
				<u>93,179</u>	<u>-</u>
<b>AMER INST FOR RESEARCH</b>					
AMER INST FOR RESEARCH	Pass-through grant	AIR-IET/OCTAE/NCTN 61296	84.U03	250,753	-
JOBS FOR THE FUTURE, INC.	Pass-through grant	JFF/OCTAE/DIGTL LIT 61273	84.U11	332,603	-
MATHEMATICA INC.	Pass-through grant	MATHEMATICA/NCTN 61282	84.U14	6,776	-
RTI International	Pass-through grant	RTI/OCTAE-EARN/NCTN 61272	84.U19	93,728	-
RTI International	Pass-through grant	RTI/OE/IET/NCTN 61297	84.U20	36,556	-
RTI International	Pass-through grant	EARN-2_RTI/ET-DOE/OCTAE	84.U36	14,117	-
JOBS FOR THE FUTURE, INC.	Pass-through grant	DRAW2_JFF-OCTAE_FY25-27	84.U37	12,780	-
		<b>Subtotal US Department of Education</b>		<b>1,196,433</b>	<b>131,250</b>
<b>U.S. Department of Health and Human Services</b>					
<b>Public Health Emergency Preparedness</b>					
Cambridge Health Alliance	Pass-through grant	CHA BPS REG 4AB	93.069	106,102	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	93.069	70,800	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	93.069	31,010	-
				<u>207,912</u>	<u>-</u>
<b>Environmental Public Health and Emergency Response</b>					
MA Dept. of Public Health	Pass-through grant	MDPH Asthma	93.070	15,237	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	93.070	4,121	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	93.070	843	-
				<u>20,201</u>	<u>-</u>

The accompanying notes are an integral part of this schedule.

JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program	Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
<b>Birth Defects and Developmental Disabilities - Prevention and Surveillance</b>					
FASD United Inc	Pass-through grant	agreement @ 12/6/22	93.073	\$ 45,150	\$ -
<b>Advancing System Improvements for Key Issues in Women's Health</b>					
DHHS	Direct grant	N/A - Direct grant	93.088	2,563,400	680,830
<b>Maternal and Child Health Federal Consolidated Programs</b>					
Maine Medical Association	Pass-through grant	agreement @ 6.25.24	93.110	37,114	20,000
Wyoming Depart of Health	Pass-through grant	235066	93.110	146,657	-
				183,771	20,000
<b>Technical and Non-Financial Assistance to Health Centers</b>					
HRSA	Direct grant	N/A - Direct grant	93.129	627,208	179,595
Association of Clinicians	Pass-through grant	U30C526934	93.129	18,995	-
Comm Hlth Ctr CT	Pass-through grant	6 US8C506842	93.129	2,415	-
National A of Comm Health	Pass-through grant	331-03-399-19	93.129	21,747	-
National A of Comm Health	Pass-through grant	agreement @ 5.1.24	93.129	22,615	-
				692,980	179,595
<b>Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices</b>					
NH DHHS	Pass-through grant	RFA-2022-DPHS-11-HEALT	93.130	18,798	-
RI Dept. of Health	Pass-through grant	7607611	93.130	47,496	-
State of Delaware	Pass-through grant	#25-101	93.130	12,508	-
State of Delaware	Pass-through grant	24-322	93.130	33,029	-
State of Maine	Pass-through grant	Not available	93.130	43,643	-
Wyoming Depart of Health	Pass-through grant	239090	93.130	23,307	-
Wyoming Depart of Health	Pass-through grant	ORH-0212-D	93.130	44,769	-
				223,550	-
<b>Injury Prevention and Control Research and State and Community Based Programs</b>					
RI Dept. of Health	Pass-through grant	7607811	93.136	99,844	-
<b>HIV-Related Training and Technical Assistance</b>					
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	176,393	25,000
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	1,948,892	418,589
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	80	-
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	477,735	604
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	135,278	-
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.145	367,154	30,000
National Alliance of Stat	Pass-through grant	2020-CO-326401-657	93.145	328	-
National Minority AIDS Co	Pass-through grant	U69HA39335	93.145	24,147	-
				3,130,007	474,193
<b>Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds</b>					
University of MA	Direct grant	N/A - Direct grant	93.187	23,647	-
<b>Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children</b>					
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.197	11,654	-
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.197	3,604	-
				15,258	-
<b>Telehealth Programs</b>					
HRSA	Direct grant	N/A - Direct grant	93.211	478,253	10,000
<b>Family Planning Services</b>					
NY Dept of Health	Pass-through grant	C37768GG	93.217	73,272	-
NY Dept of Health	Pass-through grant	C37872GG	93.217	9	-
NY Dept of Health	Pass-through grant	C37872GG	93.217	642,558	46,038
				715,839	46,038
<b>Substance Abuse and Mental Health Services Projects of Regional and National Significance</b>					
Blackstone Valley Prevent.	Pass-through grant	agreement @ 10.11.2022	93.243	3,966	-
East Bay Regional	Pass-through grant	Not available	93.243	6,512	-
Kent County Prevention	Pass-through grant	agreement @ 11.1.2022	93.243	1,790	-
Newport County Prevention	Pass-through grant	agreement @ 11.1.2022	93.243	2,902	-
RI Dept of Bev Hlthcr Dev	Pass-through grant	3629405	93.243	(454)	-
RICARES	Pass-through grant	Agreement@3.4.21	93.243	2,968	-
South County Prevention	Pass-through grant	agreement @ 11.1.2022	93.243	2,704	-
The Opportunity Alliance	Pass-through grant	agreement @ 1.25.2023	93.243	14,938	-
The Opportunity Alliance	Pass-through grant	agreement @ 3.29.2024	93.243	23,800	-
Tri-County Community	Pass-through grant	agreement @ 10/11/2022	93.243	3,906	-
Whittier Street Health Ctr.	Pass-through grant	Agreement@11.4.21	93.243	8,124	-
				71,156	-
<b>Family Planning Personnel Training</b>					
DHHS	Direct grant	N/A - direct grant	93.260	4,560,223	130,000
<b>Immunization Cooperative Agreements</b>					
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.268	94,720	20,907
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.268	13,810	10,885
				108,530	31,792
<b>Viral Hepatitis Prevention and Control</b>					
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.270	96,447	-
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.270	40,530	-
				136,977	-
<b>Teenage Pregnancy Prevention Program</b>					
DHHS	Direct grant	N/A - Direct grant	93.297	1,557,116	107,000
<b>Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity and Security</b>					
Center for Disease	Direct grant	N/A - Direct grant	93.318	922,036	-
<b>Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)</b>					
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.323	10,708	-
<b>Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response</b>					
NH DHHS	Pass-through grant	05-95-90-902010-45270000	93.354	22,442	13,872
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.354	126,347	-
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.354	1,157	-
				149,946	13,872
<b>State Actions to Improve Oral Health Outcomes and Partner Actions to Improve Oral Health Outcomes</b>					
NH DHHS	Pass-through grant	05-95-90-902010-45270000	93.366	241,969	127,476
NH DHHS	Pass-through grant	Agreement@4.5.21	93.366	72,073	51,244
				314,042	178,720
<b>National and State Tobacco Control Program</b>					
NH DHHS	Pass-through grant	Agreement@11.5.20	93.387	548,461	79,650
NH Dept of Health	Pass-through grant	RFP-2022DPHS-13-MASSM-01	93.387	183,565	22,000
				732,026	101,650
<b>Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises</b>					
Health Research Inc	Pass-through grant	7725-01	93.391	34,792	10,500
NH DHHS	Pass-through grant	90577170	93.391	235,336	86,867
NH DHHS	Pass-through grant	agreement @ 12.6.2021	93.391	158,428	20,000
				428,556	117,367

The accompanying notes are an integral part of this schedule.

JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program	Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses
<b>The National Cardiovascular Health Program</b>					
MA Dept. of Public Health	Pass-through grant	SPR61	93.426	\$ 83	\$ -
NH DHHS	Pass-through grant	Agreement@4.5.21	93.426	340,145	-
				340,228	-
<b>Well-integrated Screening and Evaluation for Women Across the Nation (Wisewoman)</b>					
NH DHHS	Pass-through grant	Agreement@4.5.21	93.436	29,927	-
<b>Congressional Directives</b>					
Santa Clara County	Pass-through grant	4400008718	93.493	99,343	-
<b>Community Health Workers for Public Health Response and Resilient</b>					
State of Washington Dept	Pass-through grant	PRV26723	93.495	4,727	-
State of Washington Dept	Pass-through grant	PRV28357-0	93.495	2,229,452	353,987
University of MA	Pass-through grant	010176-00001	93.495	123,795	-
				2,357,974	353,987
<b>Mental and Behavioral Health Education and Training Grants</b>					
University of NH	Pass-through grant	T26HP39462	93.732	27,339	-
<b>Medicaid Cluster/Medical Assistance Program</b>					
Colorado HCPF	Pass-through grant	20-140823OL4	93.778	571,723	343,361
<b>Opioid STR</b>					
MA Dept. of Public Health	Pass-through grant	MA BSAS OTP TTA			
		INTF2331M78235228002	93.788	351,872	-
<b>Capacity Building Assistance (CBA) for High-Impact HIV Prevention</b>					
CICATELLI ASSOCIATES, INC	Pass-through grant	CDC HIP Training			
		Not available	93.834	14,281	-
<b>National Bioterrorism Hospital Preparedness Program</b>					
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	93.889	73,906	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	93.889	12,841	-
				86,747	-
<b>Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations</b>					
NH DHHS	Pass-through grant	SORH Chronic Conditions			
		Agreement@4.5.21	93.898	41,221	-
<b>Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement</b>					
Maine Primary Care Assoc.	Pass-through grant	MEPCA WIN			
Rural Health Redesign Center	Pass-through grant	RHRC ME HEAL			
		agreement @ 2.2.2024	93.912	17,221	-
		agreement @ 7.13.2023	93.912	20,175	-
				37,396	-
<b>HIV Emergency Relief Project Grants</b>					
Boston Public Hlth Com.	Pass-through grant	BPHC RWHAP Site Visits			
		Agreement@4.5.21	93.914	137,522	-
<b>HIV Care Formula Grants</b>					
MA Dept. of Public Health	Pass-through grant	Policy Dev Eval QI			
MA Dept. of Public Health	Pass-through grant	MDPH HIV EHR Review			
MA Dept. of Public Health	Pass-through grant	FY 17 HIV QA			
RI Exec Office of Health	Pass-through grant	RI-HIV TTA Consult 14069			
		CAPACITYBLD500824M04	93.917	1,395,897	92,893
		INTF5280H23PRF760004	93.917	226,010	-
		PRF61	93.917	181	-
		3763333	93.917	149,954	-
				1,772,042	92,893
<b>Special Projects of National Significance</b>					
<b>Boston University</b>					
HRSA HIV/AIDS BUREAU	Pass-through grant	BU SURE Housing EP	93.928	381,028	-
HRSA HIV/AIDS BUREAU	Direct grant	Linking Eligibility RWHAP	93.928	53,366	-
HRSA HIV/AIDS BUREAU	Direct grant	N/A - Direct grant	93.928	218	-
HRSA HIV/AIDS BUREAU	Direct grant	HRSAtelehealthHIV	93.928	1,733,040	918,548
HRSA HIV/AIDS BUREAU	Direct grant	HRSAtelehealthHIV	93.928	164,296	-
HRSA HIV/AIDS BUREAU	Direct grant	HRSAtelehealthHIV	93.928	343,922	-
HRSA HIV/AIDS BUREAU	Direct grant	HRSA Status Neutral ETAP	93.928	2,675,870	918,548
<b>HIV Prevention Activities_Health Department Based</b>					
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	93.940	125,520	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	93.940	16,968	-
		agreement @ 12.6.2021			
		agreement @ 12.6.2021			
				142,488	-
<b>Assistance Programs for Chronic Disease Prevention and Control</b>					
NH DHHS	Pass-through grant	Oral Health Promo			
NH DHHS	Pass-through grant	SORH Chronic Conditions			
		05-95-90-902010-45270000	93.945	135,023	110,000
		Agreement@4.5.21	93.945	191,353	132,000
				326,376	242,000
<b>Block Grants for Prevention and Treatment of Substance Abuse</b>					
Colorado DPH	Pass-through grant	CODPH SBIRT-SBHC QI	93.959	(6,414)	-
County of Cumberland	Pass-through grant	Cumberland MHYS Data	93.959	15,328	-
MA Dept. of Public Health	Pass-through grant	BSAS Consumer Feedback	93.959	28,584	-
MA Dept. of Public Health	Pass-through grant	MDPH BSAS Strategic FY22	93.959	15,654	-
MA Dept. of Public Health	Pass-through grant	MDPH BSAS Grants Mngment	93.959	557	-
NH DHHS	Pass-through grant	NH SAP Network	93.959	2,413,105	1,859,551
RI Dept of Bev Hlthcr Dev	Pass-through grant	RIPRC	93.959	45,986	-
RI Dept of Bev Hlthcr Dev	Pass-through grant	RIPRC	93.959	198,768	-
		3534294			
		3534294			
				2,711,568	1,859,551
<b>Centers For Disease Control and Prevention Collaboration with Academia to Strengthen Public Health</b>					
NH DHHS	Pass-through grant	NH DHHS PHPS FY24	93.967	9,210	-
NH DHHS	Pass-through grant	NH DHHS PHPS FY25	93.967	77,844	-
		agreement @ 12.6.2021			
		agreement @ 12.6.2021			
				87,054	-
<b>Sexually Transmitted Diseases (STD) Prevention and Control Grants</b>					
MA Dept. of Public Health	Pass-through grant	MDPH Ratele	93.977	113	-
Santa Clara County	Pass-through grant	SCC GTZ Stigma Research	93.977	62,493	-
CDC	Direct grant	CDC STOP STDS	93.977	200,479	-
		N/A - Direct grant			
				263,085	-
<b>Cooperative Agreements for Diabetes Control Programs</b>					
NH DHHS	Pass-through grant	SORH Chronic Conditions	93.988	16,687	-
State of Maine	Pass-through grant	ME Rethink Diabetes Y4	93.988	7,026	-
		Agreement@4.5.21			
		CD0-24-4544			
				23,713	-
<b>Maternal and Child Health Services Block Grant to the States</b>					
RI Dept. of Health	Pass-through grant	RI EPI FY21-26	93.994	160,695	-
University of NH	Pass-through grant	SHApI	93.994	23,794	-
		7607811			
		Subaward L0032			
				184,489	-
HRSA BPHC	Pass-through grant	Uniform Data System (UDS) Training and Technical Assistance	93.U01	2,505,617	799,918
HRSA BPHC	Pass-through grant	BPHC3 C 3125 Health Center Workforce Survey Evaluation and Technical Assistance	93.U02	757,392	90,247
HRSA BPHC	Pass-through grant	Technical Assistance and Training of Uniform Data Systems for Health Centers (UDS)	93.U03	1,772	-
HRSA HIV/AIDS BUREAU	Pass-through grant	AIDS Education Training Centers (AETC) Evaluation Implementation Contract.	93.U04	528,303	-
		HRSA RWHAP Best Practices Completion of			
HRSA HIV/AIDS BUREAU	Pass-through grant	Innovative Intervention Strategies	93.U05	550,080	78,652
HRSA BPHC	Pass-through grant	Workforce Well-being Initiative	93.U06	1,525,544	947,227
		75R60219D00036 / 75R60223F34001			
		75R60219D00036 / 75R60223F34002			
<b>Subtotal Department of Health and Human Services</b>				<b>35,542,094</b>	<b>7,817,441</b>
<b>Department of Homeland Security</b>					
<b>Boating Safety Financial Assistance</b>					
U.S. Coast Guard	Direct grant	UCG Life Jacket Study	97.012	254,366	-

The accompanying notes are an integral part of this schedule.

JSI Research and Training Institute, Inc.

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

Year ended September 30, 2024

Federal Grantor/Program Title/Pass-Through Grantor/Program	Pass-Through or Direct	Pass-Through Number	Federal Assistance Listing #	Federal Expenditures	Total Subcontract Expenses	
<b>USAID Foreign Assistance for Programs Overseas</b>						
USAID/Uganda	UGANDA RHITES Lango 13759	Direct grant	N/A - Direct grant	98.001	\$ 538	\$ -
USAID/Uganda	Uganda USAID/PUMRA 14070	Direct grant	N/A - Direct grant	98.001	8,800,854	2,142,209
USAID/Zambia	Zambia SAFE 13690	Direct grant	N/A - Direct grant	98.001	1,064,862	-
USAID	USAID Asia Resilient Citi	Direct grant	N/A - Direct grant	98.001	3,360,479	1,064,705
USAID	USAID Ethiopia	Direct grant	N/A - Direct grant	98.001	9,987,963	1,978,278
USAID	USAID Adv Nutrition Hondu	Direct grant	N/A - Direct grant	98.001	1,506,454	-
USAID	USAID/LAOS/OKARD 62427	Direct grant	N/A - Direct grant	98.001	3,762,174	1,481,876
USAID	USAID/SAINT LUCIA 63173	Direct grant	N/A - Direct grant	98.001	2,715	-
USAID	USAID/MALI/BAANI 63177	Direct grant	N/A - Direct grant	98.001	32,780	(632)
USAID	USAID/MOZ/SABER 63181	Direct grant	N/A - Direct grant	98.001	15,976,597	3,087,744
USAID	USAID/MALAWI/ APA 64119	Direct grant	N/A - Direct grant	98.001	6,627,376	2,523,652
USAID	BHA Capacity Bldng 24-26	Direct grant	N/A - Direct grant	98.001	72,807	-
USAID	USAID Kyrgyz Cure TB2 Act	Direct grant	N/A - Direct grant	98.001	35,540	-
USAID	USAID/UGANDA/TLC	Direct grant	N/A - Direct grant	98.001	12,744	-
USAID	EGYPT SEFPP 13747	Direct grant	N/A - Direct grant	98.001	6,739,759	248,406
USAID	Yemen SHARP 13910	Direct grant	N/A - Direct grant	98.001	5,909	-
USAID	Digital Hlth Actvy 13914	Direct grant	N/A - Direct grant	98.001	9,296,649	789,004
USAID	USAID Yemen SHA 14639	Direct grant	N/A - Direct grant	98.001	7,537,379	1,769,395
USAID	UGANDA STAR-EC	Direct grant	N/A - Direct grant	98.001	(23,780)	-
USAID	MOZAMBIQUE M-SIP	Direct grant	N/A - Direct grant	98.001	(4,747)	-
USAID	Zambia/USAID/DiscoverHealth	Direct grant	N/A - Direct grant	98.001	14,350,765	54,971
USAID	Ghana HIV/AIDS	Direct grant	N/A - Direct grant	98.001	4,739,324	1,063,530
USAID	Pakistan IHSS-SD	Direct grant	N/A - Direct grant	98.001	9,544,729	1,580,914
USAID	USAID Adv Nutrition	Direct grant	N/A - Direct grant	98.001	7,943,502	3,027,201
USAID	Partnerships Plus	Direct grant	N/A - Direct grant	98.001	8,227,860	8,172,199
USAID	Kyrgyz Cure Tuberculosis	Direct grant	N/A - Direct grant	98.001	3,709,708	1,379,374
USAID	TIFA TB	Direct grant	N/A - Direct grant	98.001	13,549,014	9,403,964
USAID	MRITE	Direct grant	N/A - Direct grant	98.001	28,867,219	8,872,173
USAID	CHISU	Direct grant	N/A - Direct grant	98.001	33,333,175	7,469,809
USAID	USAID/Laos MCH-N Activity	Direct grant	N/A - Direct grant	98.001	7,336,605	369,588
USAID	USAID BHA Capacity Bldng	Direct grant	N/A - Direct grant	98.001	473,662	29,248
John Snow Health Zambia	USAID Zambia CHERUP II	Pass-through grant	72061122FA0001	98.001	310,232	-
PATH	PATH Ghana Interoperability	Pass-through grant	Not available	98.001	14,906	-
COMUSANAS	COMUSANAS TA/USAID/MOZ	Pass-through grant	72065620CA00006	98.001	277,600	-
Chemonics International	USAID Malawi OpenLMIS	Pass-through grant	Not available	98.001	61,608	8,002
Project Hope	Empowering Communities	Pass-through grant	04134	98.001	266,758	66,526
EngenderHealth	Lowlands Health Activity	Pass-through grant	SAET011	98.001	327,448	-
PATH	PATH DS Traceability 2024	Pass-through grant	AID.2134-01729729-SUB	98.001	41,847	-
OCSIDA-MAPUTO	AID/MOZ BTW/FILOVC-OCSIDA	Pass-through grant	Not available	98.001	7,879	-
UNC	DIAH 13834	Pass-through grant	AID-OAA-L-14-00004	98.001	5,195,986	134,052
UNC	D4I 13837	Pass-through grant	AID-OAA-L-14-00004	98.001	254,499	71,157
Cooperative Housing Found	CHFGC Enhancing WASH	Pass-through grant	EWASH-SA-22-07	98.001	465,332	-
PFSCM	PFSCM Clients	Pass-through grant	Not available	98.001	92,733	-
Patfinder International	Ethiopia TRANSFORM	Pass-through grant	AID6SA170002	98.001	(2,718)	-
Palladium International	Data FI	Pass-through grant	7200AA19CA00004	98.001	319,620	-
PRB	USAID PRB Momentum 2C	Pass-through grant	7200AA20CA00003	98.001	1,568,131	-
IMA World Health	MOMENTUM IHR	Pass-through grant	7200AA20CA00005	98.001	9,432,134	610,898
The Trustees of TUFTS Col	STOP Spillover	Pass-through grant	7200AA20CA00032	98.001	642,249	-
Heartland Alliance Intl.	HAI Nigeria TMA 2020/2021	Pass-through grant	72062022CA00001	98.001	1,303	-
John Snow Health Zambia	ZAM-Health Activity	Pass-through grant	720611121CA00001	98.001	713,837	-
John Snow India Private	SAMVEG-India	Pass-through grant	IFE_DOM (2006)- JSI	98.001	34,697	-
Heartland Alliance Intl.	HAI TMA Nigeria	Pass-through grant	72062022CA00001	98.001	338,711	-
					<u>227,256,457</u>	<u>57,397,243</u>
<b>Food for Peace Development Assistance Program</b>						
CNFA	CNFA Amalima LOKO Zim	Pass-through grant	72DFFF20CA00008	98.007	302,997	-
RTI International	RTI/USAID/CAM/PEA 62478	Pass-through grant	Not available	98.U27	668,428	-
John Snow Health Zambia	Zambia eSCMS 13933	Pass-through grant	72061120C00003	98.U05	613,710	-
PRICEWATERHOUSE	GHSC-TA-TZ 13628	Pass-through grant	AID-OAA-L-15-00032	98.U09	1,150,734	33,814
UNC	Malaria SM&E 13883	Pass-through grant	AID-OAA-L-14-00004	98.U12	171,218	-
Chemonics International	USAIDGHSC-PSM-GTO4 14129	Pass-through grant	AID-OAA-L-15-0004	98.U17	69,310	-
Tetra Tech ARD	TTA Clean Cities Blue Ocn	Pass-through grant	N/A	98.U38	327,837	-
Land O'Lakes Venture 37	LOV Orora W/haze - Rwanda	Pass-through grant	19-ROW-C-C-1160	98.U41	74,099	-
DAI Global, LLC	Strengthening Livelihoods	Pass-through grant	1004415-S21-35472-00	98.U42	176,964	-
Heartland Alliance Intl.	HAI Nigeria ACE	Pass-through grant	72062022CA00002	98.U99	143,103	-
					<u>230,953,857</u>	<u>57,431,057</u>
<b>Subtotal Agency for International Development</b>					<b>230,953,857</b>	<b>57,431,057</b>
<b>Total Expenditures of Federal Awards</b>					<b>\$ 270,970,191</b>	<b>\$ 65,750,331</b>

The accompanying notes are an integral part of this schedule.

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

**NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS**

**September 30, 2024**

**NOTE 1 - BASIS OF PRESENTATION**

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of JSI Research and Training Institute, Inc. under programs of the federal government for the year ended September 30, 2024. The information in this 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. Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of JSI Research and Training Institute, Inc., it is not intended to and does not present the financial position, changes in net assets, or cash flows of JSI Research and Training Institute, Inc.

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- (1) Expenditures reported on 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.
- (2) Negative amounts shown on the Schedule represent adjustments or credits, which management has determined are not material to the Schedule nor the program to which they relate, made in the normal course of business to amounts reported as expenditures in prior years. Accordingly, such adjustments are presented on a current basis.
- (3) Federal Assistance Listing numbers and pass-through entity identifying numbers are presented when available.

**NOTE 3 - INDIRECT COST RATE**

JSI Research and Training Institute, Inc. has elected not to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.



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**REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS ON  
INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS REQUIRED BY GOVERNMENT  
AUDITING STANDARDS**

Board of Directors  
JSI Research and Training Institute, Inc.

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*), the consolidated financial statements of JSI Research and Training Institute, Inc. and affiliates (the "Organization"), which comprise the consolidated statement of financial position as of September 30, 2024, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated June 10, 2025.

**Report on internal control over financial reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Organization'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 Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 Organization'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.



**Report on compliance and other matters**

As part of obtaining reasonable assurance about whether the Organization's consolidated 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 Organization'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 Organization's internal control and compliance. Accordingly, this report is not suitable for any other purpose.

*Grant Thornton LLP*

Boston, Massachusetts  
June 10, 2025



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

Board of Directors  
JSI Research and Training Institute, Inc.

### **Report on compliance for each major federal program**

#### **Opinion on each major federal program**

We have audited the compliance of JSI Research and Training Institute, Inc. and affiliates (the "Organization") with the types of compliance requirements identified as subject to audit in the U.S. Office of Management and Budget's OMB Compliance Supplement that could have a direct and material effect on each of the Organization's major federal programs for the year ended September 30, 2024. The Organization'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 Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2024.

#### **Basis for opinion on each major federal program**

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (US GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); 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 Organization 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 opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Organization'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, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Organization's federal programs.



### **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 Organization'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 US 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 Organization's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with US 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 Organization'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 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 Organization'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.

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. Given these limitations, during our audit we did not identify any deficiencies in the Organization's internal control over compliance that we consider to be material weaknesses or significant deficiencies. However, material weaknesses or significant deficiencies in internal control over compliance may exist that have not been 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.

*Grant Thornton LLP*

Boston, Massachusetts  
June 10, 2025

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

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS**

**September 30, 2024**

**SECTION I - SUMMARY OF AUDITORS' RESULTS:**

***Financial Statements***

The type of report issued on whether the financial statements audited were prepared in accordance with U.S. GAAP Unmodified

Internal control over financial reporting:

- Material weaknesses identified? No
- Significant deficiency(ies) identified? None reported
- Noncompliance material to the financial statements noted? No

***Federal Awards***

Internal control over major programs:

- Material weaknesses identified? No
- Significant deficiency(ies) identified? None reported

Type of auditors' report issued on compliance for major programs Unmodified

Any audit findings which are required to be reported under 2 CFR section 200.51(a): No

Identification of major programs:

<u>Federal Assistance Listing Number</u>	<u>Name of Federal Program</u>
98.001	Foreign Assistance for Programs Overseas
93.145	HIV-Related Training and Technical Assistance

Dollar threshold used to distinguish between Type A and Type B programs: \$3,000,000

Auditee qualified as low risk auditee? Yes

**SECTION II - FINANCIAL STATEMENT FINDINGS**

None noted.

**SECTION III - FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS**

None noted.

## ALYSSA CARLISLE

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*JSI Research & Training Institute, Inc.  
501 South Street, Bow, New Hampshire 03304  
(603) 573-3352 | alyssa\_carlisle@jsi.com*

### EDUCATION

UNIVERSITY OF NEW HAMPSHIRE  
*Bachelors of Arts, Psychology – 2016*

UNIVERSITY OF CALIFORNIA, BERKELEY  
*Master of Public Health (Expected graduation: May 2027)  
Rural Health Innovation Program Scholar*

### EXPERIENCE

**JSI Research & Training Institute, Inc., d/b/a Community Health Institute**, Bow, New Hampshire

*Analyst, August 2018 to present*

JSI provides consultation to health care organizations in the areas of quality and performance measurement, health services delivery, public health, strategic planning, and program evaluation. Clients include government agencies, public and private health care providers. Since 1978, JSI has provided consulting, research, and training services for agencies and organizations seeking to improve the health of individuals, communities, and nations.

*Current project work:*

**New Hampshire Department of Health and Human Services, Rural Health and Primary Care Section (PCO)**  
*(December 2022-Present)*

Provide project management for the healthcare workforce shortage designation process in New Hampshire. Identifies and reviews areas meeting the federal criteria for HPSAs and MUA/Ps. Develops shortage designation applications using federal requirements, assesses provider capacity by connecting with area experts and analyzing provider survey data, and utilizes the BHW Shortage Designation Management System (SDMS) for all aspects of designations.

**Maine Department of Health and Human Services, Rural Health Primary Care Office (PCO)**  
*(December 2022-Present)*

Provide project management for the state of Maine's workforce shortage process. Provides ongoing support to the agency on the shortage designation process and BHW Shortage Designation Management System (SDMS). Procures, cleans, and analyzes data relevant to assess workforce capacity. Conducts and analyzes statewide provider capacity surveys. Supported the planning, creation, and submission of the ME primary care, mental health, and dental health Statewide Rational Service Area (SRSA) plans.

**Massachusetts Department of Public Health, Primary Care Office (PCO)**  
*(December 2022-Present)*

Provide project management for the HPSA designation process for the state of Massachusetts. Evaluates and develops service areas, conducts local capacity assessments, and uses the SDMS for federal designation applications. Performs feasibility analysis to identify new dental, mental health, and primary care HPSA and MUA/P potential. Supported the planning, creation, and submission of the MA primary care, mental health, and dental health SRSA plans.

**Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH)**  
*(August 2018-Present)*

Provide project management for the Health Professional Shortage Area (HPSA) Analysis and Designation project for the state of Wyoming. Creates new and updates existing shortage designation applications. Conducts collection and analysis of statewide primary care, mental health, and dental health provider survey data and completes data updates in the BHW SDMS. Works with providers and members of the local service area to obtain and validate information for designations. Supported the planning, creation, and submission of the WY Statewide Rational Service Area (SRSA) primary care, mental health, and dental health plans.



**Hawaii State Department of Health, Office of Primary Care and Rural Health**

*(June 2023-present)*

Provide project management for the healthcare workforce shortage designation process in Hawaii. Provide subject matter and technical expertise in the evaluation and application for federal shortage designations and technical assistance on BHW requirements to the HI Primary Care Office (PCO) staff to inform statewide planning work. Collaborate with state partners and local stakeholders to obtain and validate workforce capacity and unmet need data to support designation efforts. Supported the planning, creation, and submission of the HI primary care, mental health, and dental health SRSA plans.

**U.S. Department of Health and Human Services, Health Resources and Services Administration, Telehealth Technology-Enabled Learning Program (TELP): Treating Addiction in Rural Areas ECHO**

*(August 2022-Present)*

Program Manager of the Operations Team developing, implementing, and evaluating a 5-year ECHO® designed to strengthen the rural Northern New England behavioral health care workforce by increasing participant knowledge and application of The American Society of Addiction Medicine (ASAM) Criteria to address current and emerging patient needs, improve quality of SUD care, and achieve health equity for rural residents. Provide oversight of an 8-person project team, including managing deliverables, contracting with external consultants, ensuring adherence to work plans, and completing federal project reporting activities.

**NH Department of Health and Human Services, NH Governor's Commission on Alcohol and other Drugs and the New Hampshire Charitable Foundation's NH Center for Excellence on Addiction**

*(November 2022-Present)*

Data and evaluation specialist for this statewide technical assistance and resource center serving professionals across the substance misuse continuum of care. Past activities include management of survey administration, data analysis, and reporting for the 2023-2025 NH middle school Youth Risk Behavior Survey (YRBS) and 2022-2023 Teen Assessment Project (TAP).

**Boys & Girls Club of Souhegan Valley, New Hampshire Children's Resiliency Retreat (CRR) Program**

*(August 2022-Present)*

Provide data collection and evaluation services to the Children's Resiliency Retreat (CRR) program to guide their efforts to become classified as an effective evidence-based program by the NH Service to Science Panel. Co-led development of program logic model, outcomes, and measures. Designed project data collection tools including surveys, interviews, and program fidelity checklist tool. Lead the quantitative and qualitative analyses, interpretation, and writing of the annual evaluation report.

*Selected past project work:*

**Rhode Island Department of Health, Office of Primary Care and Rural Health, Workforce/Provider Capacity**

*(December 2022-December 2025)*

Provided project management for the HPSA analysis and designation project for the state of Rhode Island. Processed and submitted shortage designation applications, including development of service areas through the SDMS that met the Bureau of Health Workforce requirements for designations. Provided training and ongoing technical assistance to the RI DOH staff on the shortage designation process. Assessed service areas for statewide capacity and area planning. Supported the planning, creation, and submission of the RI primary care, mental health, and dental health SRSA plans.

**NH Early Childhood Comprehensive Systems (ECCS)**

*(July 2023-May 2024)*

Served as the continuous quality improvement (CQI) project lead. Provided CQI coaching to two NH hospital health care provider teams. Developed agendas and facilitated monthly meetings with hospital teams. Provided CQI training and technical assistance on identified care coordination QI projects. Provided updates to NH DHHS team on progress and outcomes of CQI project work.

**NH Council for Youth with Chronic Conditions (CYCC) Needs Assessment**

*(November 2021-September 2022)*

Provided data collection and analysis services to the NH CYCC's needs assessment project to assess the successes and challenges youth with chronic physical health conditions and their families face in everyday life. Completed secondary data review, developed and administered a statewide survey for caregivers and young adults, and conducted focus groups. Completed analysis of survey data, qualitative data analysis of interviews, and compiled a report of the results.

**Association of University Centers on Disabilities (AUCD), New Hampshire Acts Early Needs Assessment**  
(November 2020-October 2021)

Analyzed qualitative survey data submitted by developmental screening partners and stakeholders, as it related to challenges families faced in accessing developmental screening during COVID-19. Synthesized findings from qualitative data with secondary data from a systematic review of other recently completed needs assessments and strategic plans, leading to the development of recommendations about how to support families with children under the age of five.

**U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System**

(August 2018-September 2022)

Assisted with the implementation of the Uniform Data System (UDS) that collects information annually from over 1,500 federally qualified health centers (FQHCs) nationwide. Provided support to health centers completing the UDS by providing direct technical assistance and creating technical assistance resources. Provided support in the UDS annual report review process and data analysis and reporting projects.

**New Hampshire Department of Health and Human Services, Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Program Supports and Services**

(August 2018-September 2021)

Provided support to the NH Home Visiting Program and its sub-recipient agencies implementing the Healthy Families America (HFA) model, funded by the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Assisted with the facilitation of statewide training events for home visitors including, conducting an annual needs assessment, identifying subject-matter expert trainers, and engaging in continuous dialogue with agencies to most effectively provide training and technical assistance resources. Also, assisted with the implementation of continuous quality improvement (CQI) for NH Home Visiting Program agencies.

## **PRIOR EXPERIENCE**

**Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire**

*Research Assistant-Psychiatry Department, 2016-2018*

- Assisted with the management and organization of a research study testing a smartphone application (app), designed to help individuals with severe mental illness in the workplace.
- Completed usability testing of smartphone app and maintained app specification document.
- Assisted with IRB submissions and annual reviews.
- Organized and conducted orientations to the study and provided technical assistance to study participants.
- Carried out interviews with study participants and agency staff at community sites.
- Performed quantitative and qualitative data analysis of survey and interview data using SPSS and Dedoose software.
- Assisted with the writing and editing of research papers.

## **PUBLICATIONS**

Nicholson, J., Wright, S. M., **Carlisle, A. M.**, Sweeney, M. A., & McHugo, G. J. (2018). The WorkingWell mobile phone app for individuals with serious mental illnesses: Proof-of-concept, mixed-methods feasibility study. *JMIR mental health*, 5(4), e11383.

Nicholson, J., Wright, S. M., & **Carlisle, A. M.** (2018). Pre-post, mixed-methods feasibility study of the WorkingWell mobile support tool for individuals with serious mental illness in the USA: A pilot study protocol. *BMJ Open*, 8 (2). doi: 10.1136/bmjopen-2017-019936.

## **COMPUTER SKILLS**

Microsoft Office Suite

Online Tools: Google Drive, Qualtrics, Alchemer, SurveyMonkey, Mailchimp

Data Analysis Software: SPSS, R, Dedoose, MAXQDA

## **CERTIFICATES**

CITI Certified in Social and Behavioral Research - January 2026

International Certification and Reciprocity Consortium (IC&RC) Harm Reduction Specialist (HRS) Certificate – 2024



# DANIEL HOSTETLER

235 Golden Bay Drive, Pacifica, CA 94044; (434) 444-7970

daniel.hostetler@jsi.org

## EDUCATION

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH, BALTIMORE, MARYLAND  
*Master of Public Health, Epidemiology, 2016*  
*Certificate in Public Mental Health Research*  
*Delta Omega Public Health Honor Society Member*

UNIVERSITY OF VIRGINIA SCHOOL OF ENGINEERING AND APPLIED SCIENCES, CHARLOTTESVILLE, VIRGINIA  
*Bachelor of Science, Biomedical Engineering, 2013*

## EXPERIENCE

**JSI**, Boston, Massachusetts and Remote

*Consultant – Data Specialist, 2016 to 2021*

*Public Health Data Scientist, 2021 to 2026*

*Senior Public Health Data Scientist, 2026 to present*

Responsibilities include developing and administering data collection systems; training staff, clients, and partners in data collection and data entry; processing data; conducting quantitative data analysis using SAS, STATA, and Tableau; and interpreting and presenting findings. *Selected projects:*

### **Opioid Urgent Care Center Pilot Evaluation/Opioid Treatment Access Initiative (2016 – 2023)**

Data Analyst. Responsibilities included developing and maintaining data collection systems, generating site-specific evaluation summaries via Tableau Desktop, and presenting findings to state client and treatment site staff. The Massachusetts Department of Health, Bureau of Substance Addiction Services (BSAS) funded JSI to evaluate an Opioid Urgent Care Center Pilot. Three sites in Massachusetts were funded by BSAS to provide and enhance access to the full continuum of care for individuals with opioid addiction and other substance use disorders. In 2019, JSI began evaluating three additional sites using two additional treatment models designed to expand access and retention for medication for opioid use disorder: Transitional Addiction Treatment and Collaborative Treatment Model. The evaluation was further expanded to include twenty more programs (opioid treatment programs and office-based treatment models) in 2021.

### **HITEQ: Health Information Technology, Evaluation, and Quality Center (2016 – 2024)**

Database Developer and Evaluation specialist. Responsibilities included developing and maintaining a Salesforce database used to track HITEQ trainings and technical assistance attendance and engagements with health centers, Primary Care Associations, and Health Center-Controlled Networks. Additional responsibilities included the analysis of National Association of Community Health Centers needs assessment data and the publication of a HIV-data dashboard in Tableau Public. Funded through HRSA Bureau of Primary Health Care.

### **JSI Enterprise Management System (JEMS) (2020 – present)**

Database Developer. Responsibilities include developing and maintaining an internal Salesforce database to track the JSI's new business opportunities and projects, to better inform organization leadership and the board. Daniel developed and maintains automation for Health Services division staff to be notified regarding new business opportunities, according with their expressed topical interests. Integration with the accounting system Matrix is ongoing, and further integration with Slack may be forthcoming. Daniel frequently responds to ad hoc data requests with Salesforce reports and dashboards.

### **HRSA Health Center Workforce Well-being Survey (2021 – 2024)**

Database Developer and Evaluation co-lead. Responsibilities included developing and maintaining a Salesforce database used to track communication between health center liaisons and health center leadership; to track, analyze, and display survey responses; and to collaborate with our partners HealthDataViz to develop Tableau dashboards to display the collected survey data. The data collection platform (SurveyAnalytics) was integrated with the Salesforce database, and the Tableau dashboards were integrated with HRSA's Electronic Handbooks system for FQHCs. Funded through HRSA Bureau of Primary Health Care.

**Care Mass: Municipal Opioid Abatement Technical Assistance and Training (2023 – 2025)**

Database Developer and Dashboard designer. Responsibilities included developing and maintaining a Salesforce database used to communicate with municipality leadership and collect annual expenditure reports in Alchemer for opioid abatement fund spending. Using the annual expenditure report data, Daniel developed Tableau dashboards (for fiscal years 2023 and 2024) to make municipal abatement fund expenditures publicly available and accessible. Funded through Massachusetts Department of Public Health Bureau of Substance Addiction Services.

**Status Neutral Evaluation Provider (2023 – present)**

Database Developer and Evaluation specialist. Responsibilities include developing and maintaining a REDCap database used to assist in data collection and analysis of efforts in four jurisdictions to implement status neutral approaches to HIV treatment and prevention. REDCap database includes survey functionality to collect client feedback upon graduation from the program. Responsibilities also include the development of a Tableau Prep flow to integrate client data across the four site-specific REDCap projects in order to be used in a Tableau Cloud dashboard. Funded by HRSA HIV/AIDS Bureau through the Secretary's Minority HIV/AIDS Fund.

**MA Chart Review (2023 – 2024)**

Database Developer. Responsibilities included developing and maintaining a REDCap database to be used by JSI staff to securely perform chart review of medical records for individuals with HIV and other infectious conditions. Funded by Massachusetts Department of Public Health Bureau of Infectious Disease and Laboratory Sciences.

**Primary Stroke Service Technical Support (2024 – 2025)**

Database Developer. Responsibilities included developing and maintaining a REDCap database to be used by JSI staff to securely perform chart review of medical records for individuals treated in Primary Stroke Service facilities. Funded by Massachusetts Department of Public Health Bureau of Health Care Safety and Quality.

**Johns Hopkins Center for American Indian Health, Baltimore, Maryland**

*Intern, 2015-2016*

Responsibilities included the development of a curriculum to prevent suicide and to reduce substance use among Apache youths, the implementation of a spatial analysis and logistic regression analysis using STATA and ArcGIS of youth suicidality in the White Mountain Apache Tribe, and the creation of a literature review on substance use and impulsivity among teens.

**LANGUAGE**

Conversational in oral and written Spanish, French, and German

**PUBLICATIONS/PRESENTATIONS**

*Desk Review: Ecuador Earthquake/Revisión de Información: Terremoto de Ecuador 2016.* 2016, MHPSS.net

*The Effects of Maternal Mental Health Interventions on Children in Low- and Middle-Income Countries.* 2016.

*Expanding Treatment Access: Findings from the Massachusetts Opioid Urgent Care Center Pilot Evaluation.* AMERSA National Conference, 2019.

**COMPUTER SKILLS**

Microsoft Office (Access, Excel, Word, PowerPoint), STATA, SAS, Java, ArcGIS, Salesforce (Lightning and Classic), Tableau (Desktop, Cloud, and Prep), Alchemer (formerly SurveyGizmo), Mailchimp, REDCap

# DIANE LEWIS

JSI/CHI, 501 South Street, Bow, New Hampshire 03304, 603-573-3309    [diane\\_lewis@jsi.com](mailto:diane_lewis@jsi.com)

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## EDUCATION

KEENE STATE COLLEGE, KEENE, NEW HAMPSHIRE

*Bachelor of Science, Occupational Safety, Minor in Management, Cum Laude, 1996*

## EXPERIENCE

JSI, Bow, New Hampshire

*Principal, January 2000 to present*

Diane is highly experienced in working with community health centers, workforce assessments, survey research and methods, and data analysis. She has been responsible for technical assistance, training, project direction, and data analysis and management in many of JSI's largest information-oriented projects, including both technical and organizational aspects of the work. She is a skilled user of analytic tools including spreadsheets, databases, statistical packages, and ArcGIS mapping software. She is also trained in the development of federal shortage designations and survey research techniques, and provides guidance to government agencies and health care organizations. *Selected projects:*

### **Multiple Clients, Health Workforce and Primary Care Access Data Analysis**

*January 2000 to present*

Project Director, Analyst, Technical Advisor, and Trainer for projects in HI, MA, ME, NH, RI, and WY related to federal workforce shortage designations developed to support communities with the greatest unmet health care needs, disparities, health workforce shortages, and other health care access barriers, as well as for overall statewide capacity and area planning. Identify areas meeting the federal criteria for dental, mental health, and primary care Health Professional Shortage Area (HPSA) and Medically Underserved Areas/Populations (MUA/P) designations. Evaluate, develop, and test service areas and scores for HPSAs and MUA/Ps using a variety of data sources: patient origin, U.S. Census, provider licensure, provider surveys, Medicaid or all payer claims, tourism, health, and other integrated data sources; and a variety of methods, including automated templates, and predictive and optimized models. Develop shortage designation applications using federal requirements and utilize the online federal Shortage Designation Management System (SDMS) for all aspects of designation management. Update provider capacity using local community inputs, develop and analyze online statewide provider surveys using Alchemer, and gather data from federally-qualified health centers. Collaboratively assess with clients communities to create statewide service areas for broader workforce planning efforts. Conduct a statewide maternity care gap analysis using birth certificate vital records data. Identify and prepare data appropriate for community health needs assessments. Create policies to support the evaluation and certification of Rural Health Clinics under a Governor-Designated and Secretary-Certified shortage area designation. Support capacity building in this area by providing ongoing technical assistance, developing standard operating procedures, and training agency staff. Supported the application process for the Rural Health Transformation Program grant for RI in 2025.

### **HRSA, Bureau of Health Professions, Shortage Designation Branch**

*September 2013 to March 2015*

Data Analyst for a major initiative to revise and consolidate the rules by which federal shortage area HPSA and MUA/P designations are evaluated. Conduct extensive analysis of U.S. census and provider level data, both in support of factors considered for inclusion in the rules, and for evaluating their likely impact on the national safety net. Reviewed, documented, and determined provider capacity, based on national licensure lists and a national provider identifier (NPI) downloadable file, used for review of provider-to-population ratios. This analysis used comprehensive database and GIS mapping tools to evaluate shortage areas, target populations, and provider capacity nationally.

### **Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)**

*January 2000 to present*

Project Director for a major initiative to collect UDS information from BPHC Section 330-funded awardees, look-alikes, and Bureau of Health Workforce (BHW) programs across the country. Responsible for overall execution of the project, serve as the primary point of contact for the BPHC contracting officer representative, and responsible for the quality and timeliness of all project deliverables. Support Health Center Program awardees and other health care provider organizations through training and technical assistance on UDS reporting requirements and use of UDS data.

Responsible for the review of over 50 health center submitted reports from various states and territories. Provide ongoing

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guidance to BPHC staff around structural and contextual elements appropriate for health center reporting, and in relation to emerging and priority topics. Analyze UDS data to better understand national trends, program performance, and the evolving health care landscape and to inform HRSA's BPHC and support program initiatives. Review of data in predictive risk models for technical assistance opportunities. Successful completion of federal background investigation and security clearance to access secure online federal systems, including the Electronic Handbooks, Datamart, and Tableau Dashboards, as required under contract. Certified in the Institute of Cultural Affairs' Technology of Participation (ToP) facilitation methodologies.

### **HRSA, BPHC, Health Center Workforce Survey**

*September 2021 to April 2023*

Health Center Workforce Liaison Lead for a workforce well-being and satisfaction survey administered to all staff working at health centers funded by the BPHC. Recruited, trained, and led a team of 50 expert liaisons responsible for collaborating with health center leadership, providing strategies and encouragement for staff participation, resulting in the receipt of over 50,000 responses throughout the country. Outlined the framework for liaisons to use to document their communications with health centers through Salesforce.

### **HRSA, Division of Services for Children with Special Health Needs**

*June 2016 to May 2017*

Data Analyst for an effort to review performance measures against the experience and capabilities of grantees and that proposed a set of performance measures for the Division. Reviewed measures that reflect grantee capabilities, aligning with measures from existing initiatives to minimize burden. Identified measures of sufficient breadth and depth to enable the Division to evaluate success in achieving program goals (e.g., indicators of a comprehensive statewide system of services for Children and Youth with Special Health Care Needs (CYSHCN)). Created a series of data collection forms for proposed measures that provide an annual state level status on activities performed to strengthen the system of services for CYSHCN. Interviewed grantees on the feasibility of collecting and reporting of the proposed measures. Reported the measures, recommendations, and the current data and evaluation capabilities of the grantees to the division.

### **HRSA, National Center for Health Workforce Analysis**

*April 2015 to September 2015*

Data Analyst for an initiative to estimate the impact of the expansion of health insurance coverage on primary care practitioner shortages through 2020. Assessed provider capacity, including management and integration of the workforce licensure and national physician identifier databases (Physicians, PA, NP, and CNMs), reviewed the Clinician Supply Model (CSM) to obtain and apply baseline and growth projections, and applied discount factors based on validated local supply data. Analysis supported development of primary care provider supply modeling and local supply estimates.

### **Maine Quality Counts**

*October 2014 to January 2015*

Data Analyst for an initiative to improve population health outcomes for patients with hypertension and diabetes. Supported the implementation of quality improvement processes by gathering data, processing and developing a database used by Maine Quality Counts staff for continued inventory and ongoing maintenance of the of primary care practices available throughout Maine. The database was created to reflect the practices readiness and current participation in various QI initiatives.

### **HRSA, Healthcare Quality Council (HcQC)**

*August 2007 to June 2008*

Site Coordinator for a study to test the feasibility of implementing HRSA's Core Clinical Measures. Assisted in selection and recruitment of grantees, with the development of the feasibility study design and orientation/training materials. Provided technical assistance to grantees in the feasibility study. Analyzed data and provided results of grantees studied.

## **TRAINING | PRESENTATION SKILLS**

- ◇ Bureau of Primary Health Care (BPHC) Uniform Data System (UDS) trainings; throughout the U.S., including U.S. territories, *annually*
- ◇ Best Practices: Methods for Provider Data Collection Using Claims Data; Primary Care Office Annual Meeting with Bureau of Health Workforce; Rockville, Maryland, *August 3, 2016*
- ◇ Analyzing your Service Area Using GIS: UDS Grantee Service Area Data; National Harbor, Maryland, *June 23, 2008*

# EMILY LU

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[emily.lu@jsi.org](mailto:emily.lu@jsi.org)

## EDUCATION

Dartmouth College, Hanover, New Hampshire

*Bachelor of Arts, Anthropology modified with Geography, Minor in Public Policy, 2023*

## EXPERIENCE

**JSI Research & Training Institute, Inc.**, Bow, New Hampshire

*Program Coordinator, Aug. 2023 – present*

### **U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Primary Health Care (BPHC) Uniform Data System**

Serves as systems operational lead for implementation of the Uniform Data System (UDS), which collects information annually from over 1,400 federally qualified health centers (FQHCs) nationwide. Oversees functional testing and maintenance of UDS reporting platforms, assists health centers completing the UDS by providing direct technical assistance and creating technical assistance resources. Reviews data quality, designs data queries to support research needs, engages in central analysis during annual UDS review period.

### **New Hampshire Department of Health and Human Services, Rural Health and Primary Care Section, Workforce/Provider Capacity**

Provides project assistance for healthcare workforce shortage designation processes in New Hampshire, aimed to help communities with the greatest unmet health care needs, disparities, capacity shortages, and other health care access barriers in the state. Identifies and reviews areas meeting the federal criteria for HPSAs and MUA/Ps. Supports shortage designation applications and utilizes the federal Shortage Designation Management System (SDMS) for all aspects of designations.

### **Hawaii State Department of Health, Office of Primary Care and Rural Health, Workforce/Provider Trainings**

Provides support and training on a series of three contracts aimed to provide technical assistance to Hawaii primary care office staff on the processes involved in acquiring and analyzing claims, provider, and demographic data, conducting data evaluation, preparing federal shortage designation applications, and assessing service areas for statewide capacity and area planning. Conducts qualitative research on unique health care needs within the state to support designation application.

### **Rhode Island Department of Health, Office of Primary Care and Rural Health, Workforce/Provider Capacity**

Provides project support for shortage designation applications in the state of Rhode Island. Assists applications, including development of service areas through the SDMS that meet the Bureau of Health Workforce requirements. Utilizes federal Shortage Designation Management System (SDMS) to complete aspects of the designations process.

**Department of Anthropology**, Dartmouth College, Hanover, NH

*Presidential Research Scholar, Aug. 2020 – May 2023*

Designed cohort study to analyze physiological impacts of stress from assisted reproductive technologies (ART) on maternal health, with funding from Claire Garber Goodman Fund. Analyzed relationship between ART-related stressors and depression data through regression models in Stata. Presented findings at Developmental Origins of Health and Disease World Congress in Vancouver, August 2022. Co-authored paper in peer-reviewed journal.

**United States Senate**, Washington, D.C.

*Legislative Intern, Sept. 2021 – Dec. 2021*

Produced health policy memos with recommendations for the Senator on upcoming votes and proposed bills. Received and managed more than 80 constituent phone calls, voicemails, and faxes each day centered on issues of Medicare, budget reconciliation, and COVID-19 concerns.

**Class of 1964 Policy Research Shop**, Dartmouth College, Hanover, NH

*Research Consultant, Nov. 2020 – May 2021*

Presented non-partisan research on the environmental and health impacts of neonicotinoid pesticides to New Hampshire House of Representatives Agriculture and Environment Committee during 2021 legislative session. Conducted stakeholder interviews and cost-benefit analysis to inform legislation regulating neonicotinoid use.

**The Dartmouth Institute for Health Policy and Clinical Practice**, Hanover, NH

*Research Assistant, Feb. 2020 – Dec. 2020*

Evaluated preference and understanding of risk information in healthcare settings. Aided production and analysis of Qualtrics survey materials to determine optimal presentation (icon array vs bar graph) of risk to patients. Co-authored findings in peer-reviewed journal.

## **PUBLICATIONS**

Gupta, A., **Lu, E.** & Thayer, Z. The influence of assisted reproductive technologies-related stressors and social support on perceived stress and depression. *BMC Women's Health* 24, 431 (2024). <https://doi.org/10.1186/s12905-024-03262-1>

Scalia, P., Schubbe, D., **Lu, E.**, Durand, M.-A., Frascara, J., Noel, G., et al. Comparing the impact of an icon array versus a bar graph on preference and understanding of risk information: Results from an online, randomized study. *PLoS ONE* 16, 7 (2021). <https://doi.org/10.1371/journal.pone.0253644>

## **SKILLS**

Proficiency in: Microsoft Office, R, Stata, ArcGIS, 508 Compliance, Mailchimp

# STEVE SCHAFFER

JSI, 44 Farnsworth Street, Boston, Massachusetts 02210 (617) 482-9485

steve.schaffer@jsi.org

## EDUCATION

UNIVERSITY OF MARY WASHINGTON, FREDERICKSBURG, VIRGINIA  
*MS Geospatial Analysis, 2019*

UNIVERSITY OF FLORIDA, GAINESVILLE, FLORIDA  
*MA Geography (All but Thesis)*

UNIVERSITY OF MARY WASHINGTON, FREDERICKSBURG, VIRGINIA  
*BA, Political Science, 1996*

## EXPERIENCE

JSI, Boston, Massachusetts

*Senior Data Scientist (GIS), 2010 - present*

Lead Geographic Information Systems (GIS) Analyst for JSI. Areas of expertise include: geospatial analysis, cartographic representation, database and statistical analysis and online web mapping applications.

*Selected projects:*

### **AIDS Education and Training Centers (AETC) National Evaluation Plan Implementation**

**Time Period: 2021-Present**

Mapped the geographic scope and reach of training events and participants nationally. Created map visualizations at the zip code, state and regional level highlighting the number of events and number of participants by program and by participant characteristics. Map types included point location maps, choropleth heat maps and pie chart symbology overlaid on HIV prevalence data and Ending HIV county and state designations. Recently included trend mapping of the change in events and participants at the state level from program year to year.

### **Geographic Accessibility Analysis using Claims/patient Origin Data**

**Multiple Clients**

**Time Period: 2011-Present**

Examined travel patterns and geographic accessibility using all payer claims (APCD) and Medicaid databases for projects in NH, MA, WY, RI, ME, FL and MD. This process involves developing network based origin/destination drive-time matrices, creating natural or claims-based, service areas and assessing the population demand for services against provider supply. Utilized claims data to provide updated provider capacity by geocode location for uploading to the Health Resources and Services Administration (HRSA) Shortage Designation Management System (SDMS) database platform. Created measures of geographic accessibility, visualized through maps, that assist in the identification of underserved or shortage areas for potential designation.

### **GIS Analysis for Healthcare Workforce Shortage Designation**

**Multiple Clients**

**Time Period: 2011-Present**

Analyst for the workforce shortage process in the states of New Hampshire, Maine, Massachusetts, and Wyoming. Provided socioeconomic and demographic data, spatial analysis and map visualization to identify areas meeting the federal criteria for health professional shortage area (HPSA) and medically underserved area/population (MUA/P). Analyzed and mapped workforce capacity and insurance claim data. Created a GIS-based tool for the delineation of state-based rational service areas (SRSA). The tool allows for the iterative testing of proposed service areas and produces outputs for the tested area including: population, low-income percentage, population-to-provider ratio, low-income population-to-provider ratio and mean travel time for patient trips.

### **Strengthening Systems of Care for People with HIV & Opioid Use**

**Client: HIV/AIDS Bureau, Health Resources & Services Administration, U.S. Dept of Health and Human Services**

**Time Period: 2019-2022**

Spatial analysis and mapping of HIV incidence and prevalence in combination with service locations and relevant opioid use data and treatment locations for this project with HRSA's HIV/AIDS Bureau. Mapping for landscape analysis reports for 9 project states included HIV prevalence at the county level in relation to Ryan White service locations and substance use treatment locations in relation to rate of drug overdose deaths. An additional custom drive time network was performed and an intersect map created to visualize the combined geographic accessibility across HIV service and substance use treatment service locations.

## **Community Health Needs Assessments**

### **Multiple Clients**

#### **Time Period: 2011-Present**

Conducted mapping and geo-spatial analysis in support of health center needs analysis for state and regional health systems and individual clinics and hospitals. Including mapping of income, race/ethnicity, age, gender and social determinate demographics; mapping of health status, vital statistics and preventable indicators; geo-location of service sites and patient based and drive-time accessibility based service area analysis. Analysis conducted includes spatio-temporal pattern change in patient and population data, global and local spatial autocorrelation and hotspot analysis, spatial regression and vector and raster spatial overlay techniques.

### **2019 Health Equity Report Design and GIS Mapping of Measures.**

**Client: Office of Health Equity, Health Resources & Services Administration, U.S. Dept of Health and Human Services**

#### **Time Period: 2019-2020**

Project Director for HRSA's 2019 Health Equity Report design, data compilation and mapping. Responsible for overseeing design staff in the development of a report template, copyediting, 508 compliance and final publication-ready production of the report. In addition, the project required extensive American Community Survey (ACS) and county health rankings data gathering and mapping. ACS data, across 25 demographic and socio-economic themes, was compiled nationwide at multiple geographic levels. Selected data was mapped for inclusion in the next report.

### **UDS Service Area Mapping & Analysis**

**Client: Bureau of Public Health, Health Resources & Services Administration, U.S. Dept of Health and Human Services**

#### **Time Period: 2011-Present**

Creation of service area and penetration mapping for the Uniform Data System (UDS) project. This included creating service areas, mapping and applying the results to analyze the effectiveness and rationality of service areas. GIS methods include spatial overlay geo-tagging linking zip codes with Zip Code Tabulation Areas (ZCTA), make table queries to create grantee specific overlapping service areas from non-unique grantee by ZCTA tables, minimum bounding envelopes to identify irrational service areas and data-driven pages that focus on one grantee's patient origin service area at a time.

**Nashua Regional Planning Commission, Merrimack, New Hampshire**

*GIS Manager, 2004*

Manage the GIS program for the agency. Write reports and handle technical analysis. Responsible for the day-to-day operation of the GIS section, Project Management, GIS database management, map creation and analysis, and hiring, supervising, and evaluating of staff.

**University of Florida College of Health Professions, Gainesville, Florida**

*GIS Consultant, 2002*

Conducted health related service area spatial analysis of Medicaid providers to identify gaps in medical coverage. Analyzed Census Demographic data to create a risk of no insurance atlas for the Florida KidCare Program.

## **Adjunct Academic Appointments**

**University of Mary Washington, Fredericksburg Virginia**

*Adjunct Professor of Geography, 2020-Present*

**Plymouth State University, Plymouth, New Hampshire**

*Adjunct Professor of Geography, 2014*

# KATHERINE SHANAHAN

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*JSI Research & Training Institute, Inc., Arlington, VA*

*katherine.shanahan@jsi.org*

## EDUCATION

AMERICAN UNIVERSITY  
*Applied Statistics, expected 2026*  
*Graduate Certificate*

BOSTON UNIVERSITY  
*MA in Economics, 2012*  
*MBA in Public and Nonprofit Management, 2012*

GEORGETOWN UNIVERSITY  
*BSFS, Regional Studies (Africa), 2007*

## EXPERIENCE

**JSI Research & Training Institute, Inc., Arlington, VA**  
*2024 – present*

**Lead Data Scientist** (2024 – present) Use R and MS Access to review and update healthcare provider data for New Hampshire and five other U.S. states in the Shortage Designation Management System (SDMS), used by the U.S. Department of Health and Human Services (HHS) to determine if certain geographic areas, population groups, or medical facilities qualify as Health Professional Shortage Areas or Medically Underserved Areas or Populations. Maintain and update Tableau dashboards for the NH Primary Care Office; the NH Governor’s Commission on Addiction, Treatment, and Prevention; and the Association of Clinicians for the Underserved. Used Python to create a risk score predicting which health centers are likely to report late or have data quality errors for the Uniform Data System. Design statistical checks for data quality errors in the Uniform Data System reporting. Create machine learning, regression, and forecast models for multiple public health projects in sub-Saharan Africa. Conduct trainings and capacity building sessions on data science topics for JSI and partner staff.

**Booz Allen Hamilton , Washington, DC**  
*2015 – 2024*

**Data Scientist** (2023 – 2024) Helped design a KPI dashboard in PowerBI for the Defense Health Agency, including efficient and accurate back-end processing of data and clear, compelling visualizations.

**Data Team Lead** (2022 – 2023) Led a four-person team building machine learning tools to detect data quality errors in an infectious disease reporting database for the CDC. Built a classification model to detect unexpected changes in database records. Collaborated with team members using GitHub.

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**Data Team Lead** (2020 – 2022) Led a nine-person data team in production of reports and analyses of veteran survey data. Reports included quick-turn, ad-hoc data summaries and visualizations, and recurring reports updated on a regular basis. Worked with team, clients, and stakeholders to scope analyses, visualize results, and present findings. Mentored team members who were new to data science, and helped them improve their coding and analysis skills. Provided technical leadership and guidance to machine learning and natural language processing analyses in Python. Led efforts to create data dictionaries and extensive process documentation, and to update and consolidate existing, frequently-used code into a Python package. Collaborated with team members using GitHub and Jira.

**Data Scientist** (2015 – 2020) Used machine learning and optimization in R and associated packages, including ggplot2 and RMarkdown, to answer immigration questions for the Department of Homeland Security (DHS). Contributed to improvement of data quality standards for DHS client by conducting thorough reviews of analytic products, creating review standards and checklists, and creating an anti-bias framework to apply to models. Collaborated with team members using GitHub.

**Data Scientist** (2015 – 2020) Reviewed, improved, and documented pre-existing code to regularly update data for inclusion in DHS's *Yearbook of Immigration Statistics* publication. Significantly improved methodology and processing for two critical datasets. Developed quality checks and tools to ensure accuracy of dataset updates. Designed analysis of the outcomes of individuals in the immigration enforcement system. Led an initiative to develop matching techniques that allow analysts to identify an individual across 17 different datasets to determine outcomes. Reviewed work of junior team members, and provided feedback and guidance to help them improve their coding and data analysis skills.

**DevTech Systems, Inc., Arlington, VA**  
2012 – 2015

**Economist** (2012 – 2015) and **Senior Economist** (2015) Managed a development database using SAS and Oracle for USAID. Kept database accurate and up to date by overseeing creation of quality checks and processing of overdue data sources. Updated, executed, and documented procedures to download, transform, and update of data sources, including from the World Health Organization and UNAIDS, for inclusion in database. Reviewed updates completed by colleagues for data accuracy and documentation quality. Wrote economic analyses for publication on USAID website, updated preexisting reports and visualizations with updated data, and led design of Country Statistical Fact Sheets data product.

**USAID/Tanzania Health and Population Office, Dar es Salaam, Tanzania**  
2011

**Intern** (Summer 2011) Wrote and revised program documents, including a request for applications, evaluation and project scopes of work, summaries of program activities, and a health management study. Covered program areas included HIV/AIDS, malaria, and TB.

**AED, Washington, DC**  
2007– 2010

**Program Assistant** (2007 – 2008) and **Program Associate** (2009 – 2010) Provided administrative, logistical, and operational support to projects in Malawi, Namibia, Nigeria, and South Sudan.

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## TECHNICAL SKILLS

**Programming Languages:** Python, R, SAS, SQL, Stata

**Software:** Microsoft Word, Excel, Access, PowerPoint, PowerBI, and SQL Server; Tableau; Toad for Oracle; Git; JIRA

## CERTIFICATIONS

IC Agile Certified Professional - Agile Project and Delivery Management	2021
Project Management Professional (PMP)	2016
Certified Base and Advanced Programmer for SAS 9	2015